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ABSTRACT

This document comprises two issues of a new UNESCO newsletter addressing topics related to adolescent well-being in the Asia-Pacific region, particularly reproductive and sexual health. Both issues contain news from the region on various initiatives related to adolescent health and education, as well as Web links and publications on the subject. Each issue also contains a feature addressing program guidelines. June's feature is "What Makes Sex Education Programmes Succeed," while December's feature is "Effective and Ineffective School-Based Sex and HIV/AIDS Education Programmes." Countries covered in the issues include Bangladesh, Cambodia, China, India, Indonesia, the Pacific Islands, Pakistan, Philippines, Thailand, Vietnam, Bhutan, Maldives, Nepal, and Sri Lanka. The brief articles provide various statistics, program descriptions, guidelines, concerns, and recommendations related to improving adolescent reproductive health and general well-being in this region. (EV)

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ADOLESCENCE EDUCATION NEWSLETTER

"The hardest thing is to change the minds of those who feel that providing reproductive health services for young people leads to promiscuity. We need to find ways to have a dialogue with those in opposition. Our position should be open, non-emotional and based on facts and the needs of young people."

Dr. Nafis Sadik
Executive Director
UNFPA

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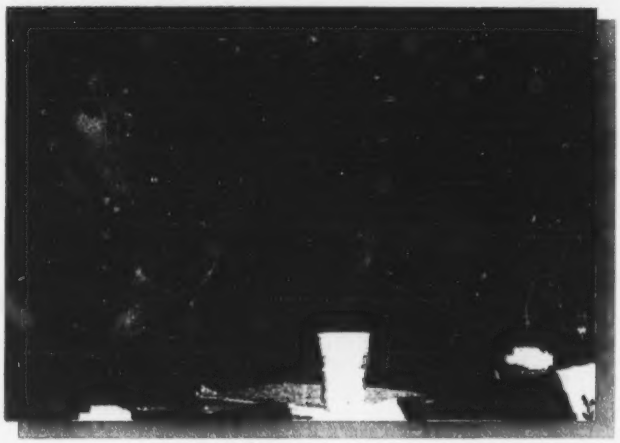
International News

The World Health Organization defines adolescence as the age range 10 to19 years. As the transition period from childhood to adulthood, adolescence is marked by distinct biological, physical and psychological changes. For adolescents in the Asia-Pacific region, this period is further compounded by tremendous diversity in the demographic, economic, socio-cultural and ethnic factors that affect them.

GLOBAL GAINS IN ADOLESCENT REPRODUCTIVE HEALTH (ARH)



Jane Fonda of the Georgia Campaign on Adolescent Pregnancy Prevention and Dr. Nafis Sadik, UNFPA Executive Director. (UNFPA photo)

The International Conference on Population and Development (ICPD) held in 1994 in Cairo paved the way for significant achievements in promoting adolescent reproductive health and rights. The need to further strengthen these gains was discussed at two major international events.

At the UNFPA Round Table on Adolescent Reproductive Health and Rights, held on 14-17 April 1998, UNFPA Executive Director, Dr. Nafis Sadik said that advocacy programmes, which involve the participation of informed and articulate young persons and NGO networks, play a crucial role in strengthening these gains.

Dr. Sadik acknowledged that "the hardest thing is to change the minds of those who feel that providing reproductive health services for young people leads to promiscuity. We need to find ways to have a dialogue with those in opposition. Our position should be open, non-emotional and based on facts and the needs of young people."

The round table was organized to review programme experiences and policy changes initiated since the Cairo conference, and to identify successful approaches to satisfy adolescent reproductive and sexual health needs. The remaining constraints faced by countries were also discussed.

The 30 Round Table participants from 24 countries included experts on sex education and adolescent health from governments, academia, NGOs and foundations, as well as youth advocates of adolescent sexual and reproductive rights. Their discussions covered adolescent access to reproductive and sexual health services and the quality of services provided, the roles of parents and schools, relevant legislation, community involvement and participatory approaches to ARH programmes, mobilization of resources, and future actions.

The recommendations issued at the Round Table called on ARH programmes to duly consider the following strategic moves: involve diverse groups of young people and key community groups, collaborate with NGOs and other partners, including women's groups, promote open discussion of sexuality, utilize a range of quality communication resources, train health care professionals and provide counselling, and develop indicators for evaluating the non-physical aspects of adolescence.

HEEDING THE ICPD MESSAGE ON ADOLESCENT REPRODUCTIVE HEALTH

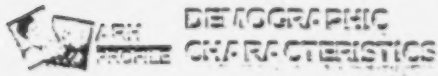
The ICPD message is being heard loud and clear: inter-agency cooperation is the correct approach to global issues. This was re-echoed at the CST/TSS Thematic Workshop on Adult Reproductive Health, held on 10-14 February 1997 at UNESCO, Paris. The workshop was organized jointly by UNESCO and UNFPA.

The workshop provided regional perspectives on the current status of ARH, identified gaps in current efforts to address adolescent reproductive health needs, and defined strategies to fill these gaps.

Mr. Gustavo Lopez Ospina, Director of EPD, UNESCO, called for "a clear global vision of issues, emphasizing both social and economic factors that create unstable conditions for adolescents, particularly those that erode the foundations of societies and families." The workshop participants included 19 CST advisers, seven TSS specialists, two ARH specialists from WHO, the IPPF Assistant Secretary-General, two UNFPA headquarters staff, and 11 observers, including a UNESCO consultant who prepared the workshop's background document.

Opportunities to promote and provide ARH programmes and services abound. Some that were cited at the workshop were the NGOs' acknowledged capacity to provide adolescent services, donors' increased awareness of adolescent issues, youth potential for mobilization and delivery of services, private sector involvement in service delivery, increased attention to social mobilization, modern communication technologies, inter-regional exchange of experiences, and improved organizational capacity for gender-sensitive interventions.

The workshop called attention to five major principles surrounding comprehensive advocacy and IEC, as follows: adopting appropriate policies, creating a supportive environment, strengthening community actions, developing adolescent skills in exercising greater self-control, and re-orienting health services to make them more receptive to adolescent needs.



More than 50% of the world's population are below the age of 25; about one-fifth are adolescents.

- **Adolescents comprise about one-fifth of the total population in Asia and the Pacific; when added to the 20-24 year old cohort, they form 29 per cent of the region's population.**
- **While the absolute number of adolescents in East Asia is declining, it is rapidly growing in South-Central Asia, due to the delayed onset of fertility decline. Growth is relatively slow in Southeast Asia.**
- **Considerable growth variations are seen in the broad sub-regions. During 1995-2020, an 85 per cent growth is expected in Pakistan, 24 per cent in India, 18 per cent in the Philippines, and one per cent in Indonesia. However, the numbers are expected to decline by seven per cent in Thailand and 10 per cent in China.**
- **Despite deceleration in the adolescent population growth, due to the increase in elderly population and to fertility decline, the next 10 to15 years will be a challenging period for adolescent health in view of the rapidly changing economic and social environment of the Asia-Pacific region.**

The above ARH profile and all other ARH profiles in this publication are from Jones W.C. (1997) Population dynamics and their impact on adolescents in the ESCAP region. Asia-Pacific Population Journal Vol. 12 No.3.

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Regional News

ARH: Centrepiece of high-level meeting

"More health services and appropriate information offered to adolescents in need."

This was one of the many recommendations put forward at the session on adolescent reproductive health (ARH), during the High-Level Meeting to Review the Implementation of the Programme of Action (POA) of the International Conference on Population and Development (ICPD) and the Bali Declaration on Population and Sustainable Development and to Make Recommendations for Further Action. The Meeting was held on 24-27 March 1998 in Bangkok, Thailand.

The Meeting recognized the various problems faced by adolescents in Asia and the Pacific and called attention to the role of governments in future action programmes at the national and regional levels (see following story).

In attendance were 94 senior level officials from governments and NGOs from 29 countries. They joined representatives from UN agencies (UNCHS, UNICEF, UNIFEM, UNDP, UNEP and UNAIDS),specialized agencies and related organizations (FAO, UNESCO, WHO, UPU), inter-governmental organizations (ADB, IOM, Partners in Population and Development), NGOs (AFPPD, TPPF, WFWF, ICOMP, PATH, ARROW, FPIA) and observers from the Holy See (Apostolic Nunciature in Thailand). Staff from UNFPA, including UNFPA/CST Bangkok and Kathmandu, and ESCAP also attended.

Governments have a role to play

The High Level Meeting to Review the Implementation of the ICPD/POA and the Bali Declaration called attention to the role of governments The Meeting was held in Bangkok on 24-27 March 1998.

- In partnership with community groups, governments should develop a mechanism to improve the provision of reproductive health information and services to adolescents and youth within a friendly and enabling environment. Advocacy and awareness campaigns should be conducted for adult opinion leaders.
- Governments are strongly urged to involve adolescents and youth in the conceptualization, management and implementation and monitoring of youth programmes. Adolescents and youth should also be used as trainers and counsellors for their peer groups.
- Governments should differentiate groups of adolescents and youth in designing appropriate programmes (including training and skills development) for in-school, out-of-school and employed adolescents and youth.
- In cooperation with international agencies and community groups, governments should undertake research into the most effective methods of obtaining the participation of youth and adolescents in programmes that are designed to serve their needs. Moreover, governments are urged to collect more and better data on adolescent sexuality and behaviour. These will be useful inputs for programme planning and the formulation of interventions.
- Governments should follow a holistic approach to youth development activities, incorporating educational, vocational, recreational and other activities, where appropriate.
- Governments should promote research to support reproductive health programmes, covering *inter alia* youth sexuality, gender relations, reproductive health problems, and violence against women and children. Research is needed in project formulation, implementation, and project evaluation.

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Harnessing Youth Potential

Demographic, socio-cultural and economic factors and policies exert tremendous influence on the full development of the youth. These, combined with recent trends in rural-urban and international migration and changing family structures, bear far-reaching implications for adolescent welfare, including the issue of reproductive health.

The Expert Group Meeting on Adolescents: Implications of Population Trends, Environment and Development addressed seven priority areas: policy advocacy, socio-cultural and gender perspectives, education, accessibility to reproductive health services and information, research and research design, data and information, and the role of international agencies. The Meeting was held on 30 September - 2 October 1997 in Bangkok.

Organized by ESCAP with UNFPA support, the Meeting was attended by 25 participants, including eight invited experts, two resource persons, and advisers from the UNFPA Country Support Team for East and Southeast Asia (Bangkok) and representatives of UNFPA, and the Population Council.

The Meeting's recommendations focussed on the following:

- development of active advocacy programmes to promote positive societal attitudes towards adolescent issues, including gender issues,
- equitable access to education regardless of sex, ethnic and socio-economic background, incorporation of family life education (covering gender issues and reproductive health) in formal education, and implementation of family life education programmes by governments, NGOs, community groups, religious organizations, and the media,
- sensitizing policy makers, service providers, parents and teachers and community leaders in the life-cycle approach to ARH, supported by appropriate training approaches and development of suitable IEC materials, improved access to adolescent-friendly reproductive health services, and effective use of media and information technology, and
- greater role by international organizations in creating public awareness of adolescent and youth issues, developing relevant data sets and research protocols to better understand the situation and the needs of adolescents in a constantly changing environment, and building national capacities through information sharing.

Teen Pregnancies Dip in Third World Countries

Fewer women are becoming mothers before age 20, according to a recent analysis by The Allan Guttmacher Institute (AGI), entitled, "Risks and Realities of Early Childbearing Worldwide." The trend is markedly observed in Asia, North Africa, Middle East and in some parts of Latin America.

Adolescents (10-19 years old) account for one-fifth of the world's 5.7 billion people, the largest generation of youth in history. Their sheer size commands attention: adolescents number nearly 1.1 billion - 913 million in developing countries and 260 million in developed countries.

Worldwide, some 15 million births occur annually among adolescent women, accounting for slightly more than 10 per cent of all births. Ms. Jeannie Rosof, AGI President, finds delayed childbearing among young women an encouraging development. Although uneven, the progress suggests enormous potential for swifter change, "if more is done to support adolescents in their life-altering decisions."

Large declines are evident in Asia. In China eight percent of women aged 20-25 have their first child during adolescence, contrasting with 22 per cent of women aged 40-44. The corresponding figures in other countries are 16 per cent and 31 per cent in Sri Lanka, 21 per cent and 26 per cent in the Philippines, and 33 percent and 51 per cent in Indonesia.

Delayed childbearing has significant health benefits for both mother and baby. The risk of death during childbirth is two to four times higher among women aged 17 and younger, than among women aged 20 and older. The risk of death in the first year of life is typically greater by 30 per cent or higher among babies whose mothers are young (aged 15-19), than among those whose mothers are older (aged 20-29).

Depthnews

ARH PROFILE

MARRIAGE AND FERTILITY

- In South Asia, the age at marriage for women is generally low. In Bangladesh, about 50 per cent of women aged 20-24 are married by age 15 and 80 per cent by age 20. In India and Nepal, 71 and 76 per cent of the women are married by age 20. In Sri Lanka, 76 per cent of the women marry in their 20s. In Bangladesh, eight per cent of boys in the age group 15-19, compared to 76 per cent of girls in the same age group, are married.

- Other countries in the region show a trend towards increasing age at marriage for both sexes. Marriage before the age of 20 has almost disappeared in Singapore and the Republic of Korea, and has decreased sharply in Indonesia and Malaysia.

- Teen marriage in India and Pakistan has dropped to a level comparable to Indonesia and Thailand. In Bangladesh, it has declined from 75 per cent in 1974 to 51 per cent in 1991.

- Socio-economic developments, such as improved education, increased urbanization, more employment opportunities, and greater access to communication technologies have a positive influence on age at marriage.

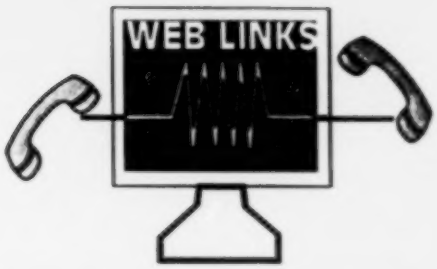
Adolescence has become an extended period before marriage, raising issues about pre-marital sexuality and relationships with the opposite sex.

In countries where early age at marriage is common, fertility at young ages tends to be high due to pressure on the wedded couple to begin childbearing.

- Age-specific fertility rates are lowest in East Asia (ranging from 4-5 births per 1000 women aged 15-19) and are highest in South Asia (ranging from 71-119 births per 1000 women).

- Teenage pregnancy, a better indicator of fertility rates, is difficult to determine because of the unsystematic collection of data.

- Declining teenage fertility rate and increasing contraceptive use among older women imply the concentration of fertility among adolescents.



Featuring interesting websites on adolescent reproductive health and sexuality education; a rich resource for policy making and programme formulation, particularly for teaching, training, discussions and exchange of experiences.

Advocates for Youth
http://www.advocatesforyouth.org
Address: 1025 Vermont Avenue, N.W. Suite 200
Washington DC 20005, USA
E-mail:info@gadvocatesforyouth.org

This is an advocacy organization which deals with US and international issues on youth, sex education, contraception, drugs and alcohol, and relevant decision-making. It offers overviews and descriptions of programmes on HIV/AIDS prevention, international programmes, peer education, media projects, sexuality education and teen pregnancy prevention. "Proud Pete" is online, demonstrating safe and correct condom use. It also includes a bulletin board for peer education trainers, provides legislative updates, and maintains a specialized library supplying information on youth issues.

Mezzo
http://www.ippf.org/mezzo/main.htm
Address: c/o International Planned Parenthood Federation,
Regent's College, Inner Circle,
Regent Park, London, UK
E-mail:ippfinfo@ippf.attmail.com

This is an online guide to love and relationships for young people by young people. Guidelines on the rights of young people and their proper treatment by health professionals are provided. The section on teen lifestyle offers advice on sexual relationships and discusses issues on healthy loving. The section on safe sex offers a guide to contraceptive choice. The website provides an interactive discussion forum in the Dear Pramilla section, which offers consultation and counselling on youth problems. A youth discussion forum, one of the website's highlights, deals with topics of immediate interest, such as friendship, sexuality, love and relationships, marriage and choice of a partner, contraception, pregnancy and parenthood, STD, HIV/AIDS, abortion, and education.

ETR Associates
http://www.etr-associates.org
Address: PO Box 1830, Santa Cruz
CA 95061-1830, USA
E-mail:lsprague@etrasoociates.org

This website offers a complete line of innovative, practical health education books, pamphlets, curricula and videos, providing youth and adults with critical health messages. Materials cover the full spectrum of health education topics from reproductive and maternal/child health to HIV/AIDS, STDs, substance abuse, injury prevention, violence and self-esteem. The website also includes facts about ETR. An online catalog and ordering service are provided. In addition, the ETR Program Services Division provides services for health and sexuality education, including teacher and staff training, research project and programme evaluation, development of model programmes, technical assistance in programme implementation, curriculum and materials development and clearing house services.

Network: Adolescent Reproductive Health, Spring 1997, Vol. 17, No.33
http://www.fhi.org/ip/fpppubs/network
Address: Family Health International
PO Box 139050,
Research Triangle Park, NC27709
USA

This site is part of the website of Family Health International. This magazine's Volume 17 No. 33 issue is wholly devoted to adolescent reproductive health. The full text of all the nine articles included in this issue is provided. The topics include an introduction to the concept of adolescent reproductive health; contraceptive methods for young adults; how gender norms affect adolescents; how education protects health and delays sex; key factors that help programmes succeed; the role of the media in promoting clear understanding of adolescent health and the pressures that the youth are usually subjected to.

World Health Organization
http://www.who.org
Address: Adolescent Health Unit,
Family and Reproductive Health
Programme, Geneva, Switzerland
E-mail: publications@who.ch

WHO's worldwide programmes and activities on adolescent reproductive health have given the organization extensive experience and data on ARH. This website's library catalogue offers easy access to ARH materials. Included in this information resource collection are training materials for developing counselling skills in adolescent sexuality and health problems. It suggests policies, legislation and programmes to promote adolescent health.
A compendium of projects and programmes dealing with different approaches to adolescent health and development is provided. Also available are research guides and methods for studying behavioural patterns of young people, as well as materials for research and training workshops in adolescent reproductive health. Materials dealing with policy and strategy concerning different aspects of adolescent reproductive health, such as adolescent pregnancy and public policy, and premature adolescent pregnancy and parenthood.

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National NEWS

BANGLADESH

Mobilizing the youth through youth clubs

In Bangladesh, the youth (aged 15-30) make up a third of the country's total population of 124.3 million in 1997. A UNFPA-supported project, Involvement of Youths in Population and Family Welfare Activities through Youth Clubs, demonstrates the effectiveness of mechanisms drawn up to reach this important population group. The project was carried out from July 1995 to December 1997.

The project, which was executed by the Ministry of Youth and Sports, adopted a two-pronged, nationwide strategy: it provided training in family life education to representatives from 74 youth training centres, and launched population activities through 200 youth clubs in 98 thanas.

The issues covered in the training included human growth and development, population education as a means to achieve a planned family, population and the environment, food and nutrition, youth leadership through youth clubs, and measures to solve population-related problems.

As part of the population activities launched through youth clubs, the project conducted benchmark surveys of the priority areas identified by individual clubs. Meetings were held with community and religious leaders and eligible couples. The project conducted a primary health programme, which benefitted 23,000 women and children, health card and sanitation programmes, and workshops on population issues. Appropriate IEC materials were produced.

How have the youth benefitted? Significant improvements have been noted in their knowledge of population-related concerns, including health, nutrition, maternal and child care, sanitation, environmental conservation, and other ARH-related issues.

Population education for girls: PSTC experience

Selected female adolescents from different communities, aged 9-19 years old, participated in a training program organized by the Population Services and Training Center (PSTC). The training focussed on such topics as personal health, the disadvantages of early marriage and the advantages of delayed marriage, childbirth, immunization, and family planning methods. The selection process gave priority to single, adolescent females who are permanently residing in the project areas.

The programme was aimed at strengthening family planning and mother and child health services by integrating population education programmes with existing programmes targetting adolescent girls in its supported NGO projects. Non-formal education in population education issues was provided by field supervisors and field workers through one-hour meetings held fortnightly.

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The future of ARH

In Cambodia, the advancing HIV/AIDS problem raises concern over the reproductive health of the youth and the need for adolescent-specific interventions. Adolescents account for 25 per cent of the country's total population.

Clearly, youth problems cannot be addressed by simply modifying approaches that are designed specifically for adults and children. Among the Cambodian youth themselves, there exist differences in adolescent perceptions of male and female sexuality.

Current efforts to promote ARH in Cambodia are reviewed in an in-country paper, Adolescent Reproductive Health and the Role of Media, written by Sarah Knibbs and Vann Sophal. The latter is a staff member of the Youth Department in the Ministry of Education, Youth and Sports of Cambodia.

While there is no specific Government strategy for ARH, considerable implications for adolescent welfare are being yielded by Government-initiated programmes in health promotion, HIV/AIDS education, and community health services. Not to be ignored is the impact of programmes conducted by UNICEF and several NGOs, such as the Cambodian Red Cross, CARE International, Friends, the Indra Devi Association, the Reproductive Health Association of Cambodia, the United Neutral Khmer Students, and World Vision International.

Effective models for media work and different ARH interventions have been put in place, but much remains to be done. The NGOs' collective experience suggests that if ARH services are offered in the right way, the demand for more knowledge and advice will increase. The study sees a potential role for Cambodia's private sector in promoting ARH. Economic changes and growing consumerism, hand in hand with a developing media, are likely to have a strong impact on the urban young.

As guide to future projects, the Cambodian in-country paper offers the following reminders:

- make young couples a priority target for birth spacing services and campaigns
- provide a realistic presentation of HIV/AIDS education in media campaigns
- incorporate traditional practices in ARH interventions
- exercise greater sensitivity to youth culture and habits

CHINA

Giving adolescents a healthy outlook on life

In China, ARH education is offered in the form of puberty education. Its central goal is to help adolescents develop a healthy outlook on life. Reflecting prevailing national conditions and traditions, puberty education pays great attention to ensuring and improving psychological health, as evidenced by the large numbers of counselling centres with full- or part-time staff.

Among the topics emphasized in puberty education are the following: human physiology and health care; human sexual physiology; human reproduction; physical growth in puberty; STDs, HIV/AIDS and drug abuse; cultivation of sexual morality in puberty; socialist principles of sex; sex norms in puberty, love and friendship; and protection of adolescent legal rights.

The need to teach safe sex and contraception is de-emphasized as pre-marital sex is not common among adolescents and the incidence of teenage pregnancies is less, compared with other countries.

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First things first: A General Framework for Adolescence Education

The elements of adolescence education are region- and culture-bound. As a first step to their effective integration in the school curriculum, a conceptual framework for adolescence education should be developed. Such a framework should take into account the needs and requirements of adolescents from different cultural settings. The nature of the existing school curriculum should also be considered.

The views are put forward in a paper prepared by the National Education Project in the Department of Education in Social Sciences and Humanities, National Council of Educational Research and Training, New Delhi.

Awareness building is a major priority. The paper encourages interactions among curriculum developers, policymakers, teachers, and parents in order to build their appreciation of the desirability of introducing adolescence education in the schools. It also suggests the suitability of non-conventional interactive teaching methods, including counselling and use of audio-visual materials, over traditional teaching practices.

The integration of adolescence education in the school curricula should not focus on information dissemination alone, but should also address the need to influence the attitudes, behaviour and value orientation of young people.

The Urban Educated Indian Youth

What does he or she know of ARH-related issues? A study, Knowledge, Attitudes, Beliefs and Practices among Urban Educated Indian Youth (1993-94), conducted by the Family Planning Association of India and 15 centers of the Sex Education Counselling Research and Training/Therapy (SECRT) Department, offer interesting findings.

The study's 4,709 respondents, ranging in age from adolescent (15-19), early adulthood (20-23), and late adulthood (24-29), shared their attitudes towards pre-marital sex, virginity, orgasm, and sexual compatibility between partners. A survey was conducted to assess their knowledge of human reproduction, sexuality, STD/HIV(AIDS), and family planning.

The study reported substantial differences among male and female urban youth in 15 states from the east, west, south and north zones of India. It observed that the Indian youth lack access to sources of correct information on sexual/health matters, with many relying on the mass media and peer groups. The study further noted that more males than females have correct sexual/health knowledge. On the average, males have their first sexual experience at age 16, and females at age 18.

The study urged the introduction of sex education in the schools and the provision of appropriate training to teachers. The goal is to ensure that the Indian youth is able to cope with the changing physical, biological, and emotional needs of growing up from adolescence to adulthood.

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INDONESIA

In Indonesia, the pursuit of ARH interventions is particularly urgent. Further increases in the adolescent population, already accounting for 30% of the national population in 1990, will impact heavily on the country's fertility rates and population growth.

However, the limited availability of relevant IEC materials is hindering efforts to promote ARH among the youth and their parents. Similarly serious is the lack of ARH awareness among policy makers and community leaders who may have little contact with young people.

Two UNFPA-supported projects, launched in July 1996 and scheduled for completion in mid-1999, are addressing these issues. The selected project areas are Jakarta, Yogyakarta, West Java and Bali (which are experiencing rising adolescent problems), and Lampung and Riau (which are deemed vulnerable to adolescent problems).

Promoting ARH awareness

The formation of a coalition among government agencies and NGOs has provided a good starting point for the project, Promoting Awareness of ARH Needs among Policymakers and Community. Represented on the coalition are the Ministries of Population, Health, Education, Social Welfare, Youth and Sports, Role of Women, and Religious Affairs; the Badan Koordinasi Keluarga Berencana Nasional; the Indonesian Planned Parenthood Association; and the Boy Scouts.

Executed by the Ministry of Population, the project is being implemented centrally as well as at the provincial level. Advocacy activities, in the form of seminars and small group discussions, are being conducted at the national and sub-national levels.

By the end of the project, government agencies and NGOs are expected to have incorporated the provision of specific support for youth in their programmes. The formulation and adoption of policy guidelines for the implementation of youth programmes are also targetted within the same period.

Materials development

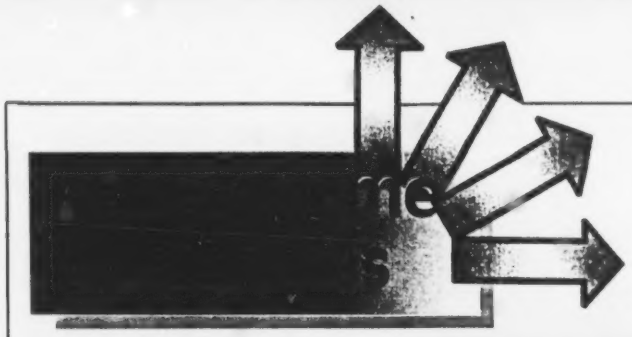
The project, Strengthening Strategies to Improve ARH through Materials Development, is being implemented by the Indonesian Planned Parenthood Association. Its immediate objectives include the implementation of a comprehensive action plan on ARH materials development, covering production and distribution; development, pre-testing and production of materials with reproductive health messages for different specific target audiences; and establishment of a family centre in Lampung and Riau. Special training in family life education, sexual health, group dynamics, STDs and HIV/AIDS will be provided to family centre staff.

SAHAJA (Friends of Youth) lends a helping hand

Adolescents in the major cities of Jakarta, Surabaya, Semarang, Yogyakarta, Meda and Kupang, are blessed with the friendship of SAHAJA volunteers.

SAHAJA volunteers reach out through a variety of means: free telephone "hotline service", correspondence by mail, radio and newspaper, youth bulletins, school visits, face to face consultations, mini-seminars and group discussions. Additionally, they get their message across through tutors and counsellors who conduct self-development and vocational guidance training for young people, and teach family life education focussing on the responsibilities of marriage.

Through innovative use of the mass media, friendships built through SAHAJA will grow in ever-increasing numbers.



In response to ICPD-POA, the introduction of ARH programmes has gained considerable momentum in the Asia-Pacific region. Malaysia, the Philippines and Thailand have gone ahead with ARH needs assessment studies. Other countries, including the Republic of Korea, Indonesia, Mongolia and Sri Lanka, have established a systematic policy framework for considering ARH.

However, many countries in the region still have no ARH policy. In some cases, ARH is a part of different policies. Constraints continue to hinder efforts to meet adolescent and youth health needs, including the desirability of sex education courses for adolescents.

HOW EFFECTIVE ARE SEX EDUCATION PROGRAMMES?

The most pressing constraints to the promotion of ARH are the lack of data about adolescents, misconceptions about adolescent sexual behaviour, and legal and service obstacles that block adolescents' access to reproductive health services. Inadequate communication and technical skills on the part of service providers is also a problem. An even greater concern, however, is poor understanding and appreciation of the nature of sex education and its benefits, among adolescents as well as parents, educators, policy makers, development planners, and other concerned authorities.

The question is asked: does sex education pave the way for adolescent promiscuity? Recent studies point to the contrary. Their findings show that sex education can in fact help delay the first intercourse for adolescents who are not sexually active. For those who are sexually active, sex education may encourage them to observe correct and consistent use of contraception. Fears that sex education encourages or increases sexual activity among adolescents thus appear to be unfounded.

These findings are a common thread in studies and reviews conducted by the United States' Centers for Disease Control and Prevention (CDC), the Sexuality Information and Education Council (SIECUS), also based in the United States, the World Health Organization, and UNAIDS.

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findings

1 REVIEW RECENTLY PUBLISHED BY WHO

A review of 1,050 scientific articles on sex education programmes provides little support, if any, to the contention that sex education encourages sexual experimentation or increased activity. The review was recently published by WHO. On the contrary, the review's findings confirm that sex education can influence adolescents to postpone the first sexual intercourse and to use contraception effectively.

2 UNAIDS-COMMISSIONED COMPREHENSIVE LITERATURE REVIEW

UNAIDS commissioned a comprehensive literature review to assess the effects of HIV/AIDS and the benefits of sexual health education on young people's sexual behaviour. Under review were 68 reports falling under the following categories:

Controlled intervention studies. The review indicated that sexual health education does not lead to greater sexual activity but may lead to safer and more responsible choices for young people.

Other intervention studies. The review yielded interesting findings pertaining to sexual activity, pregnancy, abortion, births, and the use of contraceptives and condoms.

- Contraceptive use was higher among sexually active young people who had received sexual education.
- Pregnancy rates were also lower, a result of effective contraception and of reduced sexual activity. This serves to highlight the importance of reaching young people, regardless of whether they are sexually active or not.
- Sexual health education can lead to increases in alternative safer practices, such as masturbation and oral sex.

Cross-sectional surveys. The review failed to build a relationship between sexual health education and greater sexual involvement, irrespective of whether the recipient is or is not sexually experienced.

Cross-national and international comparative literature. The review took into account the reproductive and sexual health policies and services in different countries and cultures, revealing that pregnancy rates are lower when and where there is an open and liberal policy on sex education programmes, as well as on the provision of sexual health services.

3 CDC STUDY

Measuring the relationship between sex education and the initiation of intercourse, the CDC study revealed the following findings:

- instruction on resistance skills may delay the initiation of intercourse and possibly reduce both the number of partners and the incidence of intercourse;
- instruction on intercourse may hasten the onset of intercourse among teenagers, but not among older teens;
- instruction about pregnancy and contraception positively influences the use of contraception at the first intercourse and subsequent intercourse.

The CDC study sampled a cross-section of American adolescents and sex education programmes throughout the United States. It urged further research and needs assessment studies that focus on changing attitudes, values beliefs and practices among the adolescent population. The CDC study was reviewed in the May-June 1994 issue of *Public Health Reports Vol.* 109, No. 3.

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Lessons Learned And Programme Recommendations

1 FROM CDC STUDY

The CDC study establishes the point that the effectiveness of school-based sex education programmes depends to a large extent on how they are linked to considerations that are at the heart of successful ARH interventions. The study cites clear linkages between these considerations and effective sex education programmes, stressing the need for programmes to observe the following guidelines:

- narrow focus on reducing sexual risk-taking behaviours that may lead to HIV/STD infection or unintended pregnancy,
- application of social learning theories as a foundation for program development,
- provision of basic, accurate information about the risks of unprotected intercourse and methods of avoiding unprotected intercourse through experiential activities designed to personalize this information,
- inclusion of activities that address social or media influences on sexual behaviors,
- reinforcement of clear and appropriate values to strengthen individual values and group norms against unprotected sex, and
- provision of a model for communication and negotiation skills and creation of opportunities to practice it.

2 FROM SIECUS UPDATE

In a recent update of its sex education programme guidelines, SIECUS lists six key concepts that should be included in any comprehensive sex education programme. The guidelines, which were originally published in 1991, are designed to help local communities develop their own curricula or evaluate existing programmes. The new guidelines include information on new contraceptive options (e.g. the female condom). The six concepts that are high in SIECUS' list of priorities are as follows:

- information about human development, including reproductive anatomy and physiology;
- relationships which include those with families and friends, as well as relationships during dating and in marriage;
- personal skills, which include values, decision-making, communication, negotiation;
- sexual behaviour, which includes abstinence as well as sexuality throughout the life cycle;
- sexual health, including contraception, STD and HIV prevention, abortion and sexual abuse; and
- society and attitudes, which include gender roles, sexuality and religion.

SIECUS urges sex education to begin in early elementary school and to continue through adolescence. Courses should be taught only by trained teachers and community involvement is essential in the development and implementation of the programmes.

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There is general agreement in all the studies mentioned here that effective education programmes are grounded in social learning theory. They have focused curricula, which give clear statements about behavioural aims and cite the risks of unprotected sex and the methods to avoid it. Successful programmes feature a range of interactive activities such as role-playing, discussions, and brainstorming. These enable the participants to personalize the risks and to participate in the development of strategies. They observe communication and negotiation skills in practice and rehearse these themselves. It must be remembered that young people are a developmentally heterogeneous group and not all can be reached by the same techniques. As a general rule, they obtain information on sexual health from different sources. Therefore, they must be equipped with skills that will enable them to understand and discern media messages and their underlying assumptions and ideologies.

3 FROM WHO

The review of 1,050 scientific articles on sex education programmes, recently published by WHO, puts forward the following recommendations:

- sex education programmes should convey two types of messages for young people: one for those who have not begun sexual activities, and another for those who are already sexually active;
- sex education programmes should begin well before the age of 12 when young people start having sex; and
- sex education programmes should have as their goal the reduction of unplanned pregnancies, as well the promotion of ways to reduce the incidence of unprotected intercourse. Teens who experience unprotected intercourse are vulnerable to STDs and unplanned pregnancies.

4 FROM UNFPA, WHO, UNICEF REVIEW OF ARH INTERVENTIONS

International health experts participating in a review of successful ARH interventions placed the highest priority on satisfying specific programme elements.

The review, which was based on a study coordinated by WHO working with UNFPA and UNICEF, was published in the Spring 1997 issue of *Network* Vol. 17, No.3). The experts stressed the following needs:

- identify and understand the target group;
- involve the youth in designing the programme;
- work with community leaders and parents, to provide greater access to services,
- incorporate evaluation in programme design; and
- plan ways by which to sustain and expand successful services.

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PACIFIC ISLAND COUNTRIES

Cook Islands

In the face of economic difficulties, the Cook Islands has opted to decentralize reproductive health, family planning and sexual health activities. By doing this, it has expanded island-wide access to services and information. Public awareness is sustained through education programmes, with much use made of television and radio spots, newspaper articles, health education talks, and workshops for school children.

Fiji

Since 1995, Fiji's reproductive health programmes have incorporated STD/HIV/AIDS along with MCH and family planning. Emphasis is placed on increasing access to contraceptive methods (including condom vending machines) and the provision of counselling services. Although teenage pregnancies are not seen as a serious problem, the incidence of STDs has become a major concern.

Marshall Islands

A fertility and family planning survey, undertaken in 1994 by the Republic of the Marshall Islands, has paved the way for a revamp of the country's reproductive health programme. As a result, MCH/family planning has been integrated with STD/HIV/AIDS, under the responsibility of the Primary Health Care Bureau of the Ministry of Health and Environment. The Ministry is collaborating with The Youth to Youth in Health, an NGO, to raise public awareness and mobilize support for adolescent health issues.

Palau

To address adolescent reproductive health problems, especially teen pregnancies and STDs, the Ministry of Health is taking steps to provide health education and counselling at clinics and in schools. Teenage peer groups are being tapped to promote responsibility among adolescents. Reproductive health lectures have become a part of orientation programmes for high school freshmen.

Tonga

The traditional targets for advocacy and educational programmes are women, youth and religious leaders. In a break from conventional approaches, male involvement in family planning and reproductive health programmes is now being tapped. Relevant operations research and KAP studies are being drawn up, providing the basis for more effective programmes that will reach and serve clients better.

PAKISTAN

The adolescent girl - seen but hardly heard

Adolescent girls (aged 10-19) account for some 21.6% of Pakistan's total female population, yet they are excluded from the mainstream of development planning. The reason? Adolescent girls, as a rule, are not recognized as a separate group, with their own identity, needs and aspirations. Data from conventional sources of information are insufficient, further hindering efforts to improve their welfare.

A paper on the status of adolescent girls in Pakistan, produced in conjunction with the SAARC Decade (1991-2000) of the Girl Child, draws comparisons between adolescent girls and boys. Adolescent girls, particularly those living in rural areas, have poor access to education and health care services. They are also deprived of opportunities to participate in income-generating activities in the formal economic sector.

The paper strongly recommends intensified research on adolescent girls, focussing on their attitudes, aspirations and expectations, and problems. The resulting database should be made available to planners and policy makers.

To reduce the infant and early childhood mortality in Pakistan, adolescent girls must be reached through the mass media, as well as through counselling and ante-natal service programmes.

The Government looks to further support from NGOs, the private sector, and community groups. The coordinated response of over 10,000 NGOs operating throughout Pakistan, the creation of employment opportunities in the private sector, community participation in developmental activities should enhance the long-term interest of adolescent girls in Pakistan.

The Social Mapping of Asian Youth at Risk: An Example from the Philippines

A paper by Peter Xenos, Program on Population, East-West Center, Honolulu, Hawaii, and Dr. Corazon Raymundo, Population Institute, University of the Philippines, Quezon City, Philippines; prepared for the workshop, Youth Across Asia: Growing Up, Growing Needs, held in Kathmandu, Nepal, on 23-25 September 1997.

The paper reviews the social topography of the Filipino youth. It highlights major demographic categories within the youth population, especially the fast-expanding social categories in which behavioural risk-taking is common. Behavioural data from the Philippines' Young Adult Fertility and Sexuality Survey of 1994 provided the basis in establishing recent levels of risky behaviours and risk-enhancing circumstances in these social groups. According to the paper, three institutions exert the greatest influence on the Filipino youth. These are the schools, churches and the mass media.

The paper conveys practical messages on the following topics: demographic diversity among the youth, high and variable levels of risk across the main demographic groups, the existence of sub-groups which are within the reach of multiple messages, and the existence of small sub-groups which are unlikely to be reached, at least directly, by the school, church or the mass media. Those who manage information campaigns for the youth will find these messages particularly beneficial.

- The length of time during which adolescents may experience pre-marital sexual activities is becoming longer, due to the decline in average age at menarche and increased age at marriage.
- Recent socio-economic developments in the Asia-Pacific region are changing the people's cultural values. Pre-marital sexual activities have become more appealing and acceptable to adolescents, posing short and long-term implications for their reproductive health.
- While sexual activities begin early for most adolescents in the region, the onset of sexual activity in South Asia occurs largely within the context of marriage, where age at marriage is relatively low for both men and women.
- A 1995 study by the Family Planning Association of India reports that among the population group aged 15-29, pre-marital sex is more acceptable to men (18 per cent) than to women (4.2 per cent).
- A1994 study by the National Statistical Office of the Philippines indicates that pre-marital sexual activity is not common among never-married women aged 15-24.

- In Thailand, a study of 10-24 year olds reveals the following: a) parents play a minor role in providing their children with sex-related information, and b) adolescent men consider sexual experience more appropriate for them than for girls.
- In Malaysia, half of the adolescents interviewed in studies conducted in 1994-95 consider pre-marital sex as normal behaviour.
- Over 30 per cent of the 4,674 adolescent respondents to a 1998 survey conducted in Mongolia by the UNFPA Office in Beijing have had sexual relationships; 6.3 per cent of the female respondents reported being pregnant at least once prior to the survey.

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The Philippines' Revitalized Homeroom Guidance Programme (RHGP)

With the addition of the word "homeroom", the revitalized guidance programme of the Philippines has taken on an exciting, new perspective.

The RHGP, now being implemented nationwide, grew from the successful Revitalized Guidance Programme (RGP), which was executed by the Philippine Centre for Population and Development. Exceeding expectations, the RGP has inspired strong commitment among concerned education authorities, school administrators, and parents to bring out the best in all high schools students.

The RHGP actualizes the idea of the classroom as "classhome" and as an extension of the guidance and counselling room. It gives clear recognition of the teachers' mastery of guidance and counselling concepts and skills, which enable their transformation into guidance counsellors who are sensitive to the guidance and counselling needs of students.

Regardless of their subject specialization, class advisers are given the responsibility to conduct the revitalized guidance program during their homeroom periods.

Two types of schools participated in the RGP prototype: 15 division leader schools which served as resource and tryout centres, and expansion schools which became the programme's tryout schools.

The RGP core trainers underwent training for mastery of content and participatory learning methodologies, and were equipped with basic counseling skills. They in turn trained the tryout teachers. Team building exercises between the core trainers and tryout teachers took the form of structured outdoor learning activities.

Implemented nationwide by the Department of Education, Culture and Sports at the start of the 1998-99 school year, the RHGP has been introduced in all public and private high schools, including technical and vocational institutions and high school departments of state colleges and universities. Under the supervision of the section adviser, the 40-minute, weekly programme is held during a free period for both the section adviser and the students.

Expectations of the RHGP run high. Its priority areas are boy-girl relationships, adolescent sexuality, parent-teacher-student relations, academic performance, career preparation, and solutions to behavioural and emotional problems.

Typically, the Filipino high school student molded by the RHGP is seen to be a caring, responsible and committed member of the family and the community. He or she is skilled in decision-making and is able to respond to career challenges.

Davao's Teen Center

Two radio programmes are contributing to the rising popularity of a friendly hangout for many youngsters in Davao in Southern Philippines.

The radio programmes, coming under the titles, "Love Letters from your Heart" and "Love, Sex, Marriage and Career", have brought the popularity of the Davao Teen Chapter (DTC) to a new height. Plans are underway to replicate the programmes' format in other radio stations.

The first programme provides radio listeners with advice on peer pressures, boy-girl relationships, unplanned pregnancies, communication gaps between parents and children, and other problems experienced by young people.

In the second programme, radio listeners raise more complicated issues, such as same-sex relationships, the incidence of HIV/AIDS/STDs, and coping with traumatic experiences, such as rape and abortion.

Peer counsellors coordinate the programme, while guidance counsellors take centre stage.
Already well known for its face-to-face or telephone counselling service, which assists an average of 125 callers a month and 25 walk-in guests per week, the DTC is a part of the Family Planning Organization of the Philippines (FPOP). For the past 10 years, it has been implementing FPOP's Development and Family Life Education for the Youth in Davao, stressing the concepts of reproductive health, gender equality and responsible parenthood.

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FAD's approach is preventive

Many Filipino adolescents have been enjoying the security of strong friendships through the seven-year **Dial-A-Friend** project run by the Foundation for Adolescent Development (FAD). The project demonstrates the effectiveness of FAD's preventive approach to adolescent health and sexuality issues, concerns and problems.

Established in 1988, FAD is one of the few NGOs in the Philippines which focusses on "helping young adults develop their potentials to become whole and emotionally secure through proper value formation."

FAD's **Dial-A-Friend** counselling project serves as a barometer of health sexuality issues and problems confronting the Filipino youth. Four hotlines, which are manned nine hours daily from Monday to Saturday, receive an average of 50 calls per day. Referrals to specialized agencies are made for callers requiring pregnancy counselling, drug rehabilitation, and advice on health care. Seven out of every 10 callers are female.

In five large colleges and universities in Manila, FAD recently conducted a campus-based study on the sexual attitudes and behaviour of Filipino adolescents. The study revealed that a combination of societal, familial, inter-personal and individual factors accounts for the growing number of young people who engage in pre-marital sex. Generally, partners engage in sexual intimacies depending on the length of their relationship. In some cases, sexual contact is triggered by a partner's financial need, use of drugs, search for physical pleasure (regardless of the presence or absence of love), membership in a fraternity or similar peer groups, and other related reasons.

FAD also operates the Manila Centre for Young Adults, a drop-in center offering information services such as focus group discussions, film fora and a library on adolescent health issues and related topics. It produces enter-educate videos and organizes school tours for these videos. Life planning education and vocational skills training is offered to out-of-school youth in depressed urban communities in Manila.

FAD sees to the needs of married teenage couples through a community-based health and family planning programme, which organizes and mobilizes community manpower and resources to respond to reproductive health needs and problems.

ARH PROFILE — PREGNANCY, ABORTION, CHILDBEARING, STD/HIV/AIDS

- Abortion is a likely outcome of unwanted pregnancies, given the social restriction on adolescent sexuality and the cultural unacceptability of pre-marital pregnancy in many countries in the region.
- Due to socio-cultural and financial constraints, abortion is likely to be conducted under clandestine conditions by untrained providers. Abortions tend to be kept secret by most adolescents.
- Although knowledge of contraceptives is common among many adolescents, current use among them is low compared with older women.
- Contraceptive use among adolescents varies from 7 per cent in India to 36 per cent in Indonesia. Such a variation is less marked among women aged 20-24 These figures point to the need for spacing methods for adolescent married women, since pregnancy among adolescents is associated with the high risk of mortality and morbidity

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THAILAND

In the years following the first reported case of AIDS in September 1984, Thailand has experienced increasing numbers of HIV/AIDS cases. Over 52 per cent of the cases were reported in 1993 and 1994. Of these, 89 per cent were in the high risk group (aged 15-49). Heterosexual intercourse is the most important mode of transmission. Cases of perinatal transmission have been on the rise.

Courtesy of the Health Department, Ministry of Public Health, Thailand

1998 Projects

Of the nine major UNFPA-funded projects being conducted in 1998 by the Family Planning and Population Division of the Department Health, four are focussed on ARH.

These are as follows: health development and education for Muslim adolescents, premarital readiness, development of a model for the management of sex education for Thai families, and development of a model for improved reproductive health services for Thai adolescents.

Reaching out to high-risk groups, 14-49 years old

AIDS is preventable. The challenge is how to reach high risk groups and disseminate correct information on the HIV/AIDS epidemic.

In support of the National Plan for AIDS Prevention and Control (1997-2001), the recently completed UNFPA-funded project, HIV/AIDS Prevention and Care for Youths and Adults, pursued five immediate objectives targetted at specific groups in specific areas. The achievement of these immediate objectives provided the structure for the project, which was implemented by the Ministry of University Affairs.

HIV/AIDS education and training were offered to youths, students and adults in the provinces of Chiang Mai and Mahasarakham and in the Bangkok Metropolitan Area.

Community counselling services and care were extended to HIV/AIDS cases in Chiang Mai. A model for the promotion of quality of life among AIDS patients in Khon Kaen province was developed. Eighteen university student networks for HIV/AIDS prevention were established. Finally, the project strengthened the capability of NGOs and CBOs in planning and implementing HIV/AIDS prevention activities targetting students and youths.

Are you ready?

Knowledge of safe pregnancy is an important aspect of the readiness of pre-marital couples. The Family Planning and Population Division of the Department of Health is addressing the issue of pre-marital readiness by working closely with health promotion centres in 12 regions. In addition to training in counselling services for health officers, the project is actively involved in media development, production of manuals and technical documents for services providers, and provision of clinic-based services.

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Serving Khmer ethnic groups in Surin

About half of the 1.4 million people of Surin province in the northeastern region of Thailand are Khmer-speaking. Poor awareness of reproductive health and family planning accounts for the low contraceptive prevalence (CPR) rate among this ethnic group (about 43%, compared with the northeastern average of 64% and the national average of 74%).

Four Khmer-speaking villages, namely Tha Tom, Chom Phra, Prasatr and Sang Kha, were the targets of a UNFPA-funded project, Reproductive Health and Family Planning Services for the Low Income Population of Surin Province. The project was implemented by the Planned Parenthood Association of Thailand (PPAT).

The PPAT sought local and direct participation of the people. It collaborated with 400 village health volunteers and 120 local health officers who were trained in reproductive health and family planning. They reached out to approximately 32,000 married couples and 24,000 adolescents. Reproductive health services were provided to 18,000 clients. Up to 14,500 acceptors received family planning services.

Recognizing the need for active community involvement, the village leaders of the Khmer-speaking ethnic group have assumed key roles in sustaining the success of the project.

Health development and education for Muslim adolescents

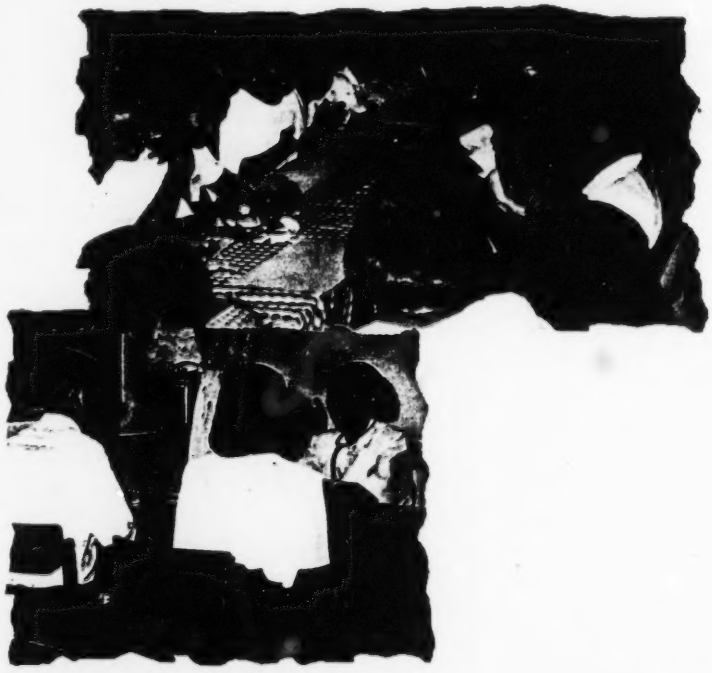
Schools provide ideal settings for teaching health development and education. Four religious schools in Yala and Pattani provinces lived up to this role, enabling Muslim adolescents to learn from representatives of the Family Planning and Population Division of the Ministry of Health and PATH.

Within the schools, essential information on adolescent reproductive health, family planning and drug addiction, was disseminated through question boxes, lectures, sports events, and quiz and essay contests. Study tours to drug treatment clinics were also arranged.

Outside the schools, work focussed on strengthening the capacities of health promotion centres in the region, enhancing their services including telephone counselling, which is generally favoured by adolescents over visits to counselling clinics.

Adolescent problems concern the community at large. Support and participation of families, educational institutions, and community leaders were generated through consultative meetings, workshops for parents and teachers, clinic-based and community-based services, and other activities.

In support of its work, the project adopted the following strategies: orientation of health promotion staff, peer education workshops for teachers from the religious schools, workshops for parents, peer education training for the students, youth camps, school-based group education, and production of IEC materials.



VIETNAM

Reaching out to the youth

About 50 per cent of Vietnam's current population are below the age of 20. Of the group, 20 per cent (or 15 million) are between the ages of 10 and 19.

Most of the HIV-infected are young people. In 1997, the number of reported HIV cases doubled to over 8,000 from the 1996 figure. The actual number of infections is much higher; still a great number may not be aware that they are infected. According to a UNAIDS report, one in every 300 Vietnamese maybe infected within the next two years. The most vulnerable group is the youth.

The number of unwanted pregnancies among young girls is high, so is the number of abortions. About one-third of all MRs and abortions occur among young women. In numbers, that would mean at least 300,000 MRs and abortions per year, or 833 per day, or one every two minutes.

Involving the youth to improve ARH through its nationwide network, the Vietnam Youth Union (VYU) has been a major actor in the country's health and family planning programmes. What is VYU doing to reach the youth?

The First Communication Campaign on ARH, organized by the VYU, is right on track. The campaign aims to raise youth awareness of the benefits of postponing sexual activity, and to motivate those who are already sexually active to observe safe sex. Launched in Hanoi, the campaign will cover provinces and cities participating in a UNFPA-funded project, Support to the Improvement of Adolescent Reproductive Health, which is implemented by the VYU's Centre for Health-Population-Environment Education. To ensure the campaign's success, the VYU is collaborating with the mass media at the central and provincial levels, schools and youth associations, health protection and counselling centres, and other relevant groups.

To complement its communication and mass media campaigns, the project is tapping the involvement and support of consultation/counselling centres and mobile teams, and school-based ARH clubs throughout the country. Its immediate objective is to improve ARH knowledge and understanding among adolescents as well as government officials and decision-makers. It hopes to reduce the number of adolescent abortions and to develop and test three intervention models in six provinces.

The intervention models are for ARH counselling centres (one each in Hanoi and Ho Chi Minh City), ARH and HIV/AIDS prevention clubs in schools (two each in Hanoi, Nghe An, Thanh Hoa, Da Nang and Ho Chi Minh City), and 50 youth health and life skills groups/community motivators in 10 communes concentrated in Quang Nam province.

The piloting of a fourth model, ARH education mobile teams, is under consideration. The teams will reach out to village communities through the presentation of live drama troupes and video on wheels, incorporating participatory reproductive health and HIV/AIDS education techniques.

Launching of the mass media campaign for VIE/97/P12, Support to the Improvement of Adolescent Reproductive Health. Some 40 mass media representatives and officials from government agencies attended the press conference held on 15 May 1998. On the podium are, from left, Mr. Tran Tien Duc, IEC Director, National Committee for Population and Family Planning; Mr. Hoang Binh Quan, Permanent Secretary of the Youth Union Central Committee; Mr. Erik Palstra, UNFPA Country Representative; and Mrs. Chu Thi Xuyenm, Project Director, Youth Union

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ARH Survey

The Maternal and Child Health/ Family Planning Department of the Ministry of Health conducted a cross-sectional study of 4,500 adolescents between the ages of 10 and 19 in three provinces: Hanoi (a capital city), Thaibinh (a red river delta province) and Vinhphu (a midland and highland province). The survey revealed poor knowledge of reproductive health among adolescents, the increasing incidence of pre-marital sex resulting in teenage pregnancies, and the growing problem of drug addiction among the youth.

Adolescents have very limited access to information concerning reproductive health issues, including STDs and HIV/AIDS. While 98 per cent of the respondents have heard of HIV/AIDS, they have little knowledge of preventive measures, except condom use. The majority of the respondents are aware of the harmfulness of drug addiction but many continue to engage in needle sharing.

As basis for the formulation of policy recommendations on ARH, the survey organizers have recommended that this quantitative study be followed by a qualitative study.

Double Survey and Follow-Up Workshop on ARH

The extent and manner of teaching adolescents about reproduction, contraception, sexuality and other topics related to reproductive health are central to the effectiveness of any population education programme.

Prior to the formulation of Vietnam's Population Education Project, a double survey was conducted in 1997 to study the current status of the school population education project and the potential for linking the school effort with related programs of other institutions.
The project is implemented under the Ministry of Education and Training with UNFPA funding. The survey sought answers to important questions.

The schools, represented by 720 school teachers and 346 school principals, were asked: Have teachers received adequate materials and training to teach population education? If not, why not? If yes, how can these be improved? Do teachers have any difficulty in dealing with reproductive health issues? If yes, how can this be alleviated?

Five non-school institutions and six provincial offices were asked: Are there sufficient linkages between the school population education programme and other related population activities? What linkages are feasible? How might they be developed?

The results of the school survey pointed to the need to implement an effective system to distribute materials, provide more opportunities for focussed teacher training, and develop other types of materials including visual aids, posters and videos.

The teachers reported difficulties in teaching lower secondary students and recommended the introduction of separate sex classes and the engagement of outside speakers and senior teachers to teach reproduction, contraception, sexuality, and related topics. The incorporation of population topics in major school tests was also suggested.

Collaboration between schools and non-school institutions should be formally encouraged and supported by regular meetings and the provision of adequate financial assistance.

The survey's recommendations provide substantial basis for the expansion of Vietnam's broader national population education programme.

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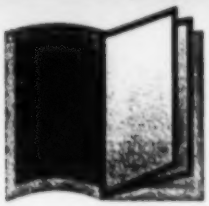

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New York: UNFPA, 1997. 77 p. (Evaluation report, no. 13)

Source: United Nations Population Fund 220 East 42nd Street New York, N.Y. 10017, USA.

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December 1998

ADOLESCENCE EDUCATION NEWSLETTER

Published by the Regional Clearing House on Population Education and Communication of UNESCO Principal Regional Office for Asia and the Pacific, Bangkok.

"We adolescents are not only conscious of our rights but we also feel responsible for moving away from the 'me' decade in which we are living..."

PS 028338

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Regional News

Dr. Sadik tells South Asian countries: Act now and bring adolescents into the equation

Opening ceremony of the South Asia Conference on Adolescents, organised by UNFPA in New Delhi on 21-23 July 1998. From left to right, Dr. Nafis Sadik, Executive Director, UNFPA; Mr. Wasim Zaman, UNFPA Representative, India and Ms. Imelda Henkin, Director, UNFPA Asia-Pacific Division.

"The largest challenge to us lies in the minds of people," Dr. Nafis Sadik, Executive Director of UNFPA, told delegates in her keynote address at the South Asia Conference on Adolescents. Dr. Sadik stressed the importance of youth involvement in developing holistic programmes that address adolescent needs, particularly reproductive health. The conference was organised by UNFPA in New Delhi on 21-23 July 1998 as part of the ICPD+5 initiative.

"For the sake of development and to promote human rights, countries must act now to bring adolescents into the equation," Dr. Sadik said. She noted that "the youth wish to take responsibility for their own lives, including their sexual and reproductive rights."

"Their active involvement in politics and programmes empowers them to make their own decisions and choices in all aspects of their lives," she added, explaining the invitation issued to adolescent representatives from each country participating in the conference. "Adolescents have complex needs that require special attention across sectors," she pointed out.

In his opening remarks, H. E. Dalit Ezhilmalai, Minister of State for Health and Family Welfare of the Government of India, reassured the conference of his country's commitment to the ICPD, particularly in relation to the youth.

The largest challenge to us lies in the minds of people.

The adolescent representatives joined delegates from seven South Asian governments, NGOs, and international agencies in the conference deliberations, providing vital inputs to the development of an integrated approach to adolescent reproductive health programmes.

As its main objectives, the conference sought to identify issues that concern the region's adolescent population, particularly girls, and to discuss a common set of programme strategies.

"We must recognize that even as we near the end of this century, a real difference exists between the sexes. Girls enjoy far fewer rights than boys, particularly in the areas of education, nutrition and health care," Dr. Sadik said.

Adolescents have complex needs that require special attention across sectors.

Calling attention to persistent unequal treatment between boys and girls, Dr. Sadik cited the trafficking of minor girls, prostitution and violence in the home.

In spite of continuing difficulties, Dr. Sadik acknowledged that much progress has been achieved in extending to adolescents their basic right to reproductive health. Ultimately, South Asia's future depends on its people, as much on adolescents as on adults, she concluded. She added that South Asia's teenage birth rate is nearly twice the regional average. Teenage mothers are the least likely to receive reproductive health counselling and services, including childbirth and post-partum care.

(Continued on page 4)

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Adolescent voices from South Asia

Ugyen Dhendup (20), Bhutan *Lasitha Jayasinghe (18), Sri Lanka*
Susmita Nazreen (17), Bangladesh *Nishwan Abbas (16), Maldives*
Nayantara (16), Nepal *Naveed Iqbal (15), Pakistan* *Maxwel Chhetry (15), India*

Our pledge

We adolescents are not only conscious of our rights but we also feel responsible for moving away from the "me" decade in which we are living, to a decade when the adolescents will prove to an important human resource for the betterment of the region. We pledge to make that a reality.

Our perspectives

- We feel negelected, so we need more attention, care, and support from all.
- We feel we do not have the right to make our own choices, after knowing all the alternative choices relating to our careers, our friends, movements and life partners.
- We greatly lack proper and correct information and guidance, especially relating to our physiological and pyschological changes.
- We are not allowed to express our emotions and ourselves.
- We are treated as immature persons. We desire to share responsibilities and prove ourselves.
- We are not given ample opportunities to ascertain our individuality.
- We feel that the dreams and the aspirations of our parents should not be imposed on us.

Parents, can you hear us?

- We need you to listen to us - to our dreams, our experiences, our explanations, our insecurities, our achievements.
- Give us your time - you gave us life, now we want your time.
- Be our friends.
- Understand us.
- Don't hide things froms us, especially when they are related to us.
- Give us the privacy and the space to grow.
- We prefer openness and encouragement to pressure and threats.
- Guide us, don't drive us.
- Share your problems, even financial ones, we are part of you.
- Correct and explain, don't reprimand us in public.
- We want to fight life's battles together, not as opponents.
- So what if we are boys or girls, we are yours after all.

Government and society, do our voices reach you?

- Our biggest dilemma - why are girls discriminated against? Do something.
- We are human, aren't we? Don't abuse us. Review the education system.
- Don't experiment with us and change the curricula frequently.
- Make education more relevant and interesting.
- Include co-curricular and recreational facilities for us and give us time to enjoy them.
- We're too young to be entangled in murky politics.
- Don't just make laws, enforce them.
- Law enforcement agencies should be more sensitive towards physical abuse cases.
- Provide us more counselling and career guidance centres.
- For those of us who can't go to schools give us non-formal education.
- We want to support and join hands with you to fight the menace of drugs.
- Set up rehabilitation centres for drug addicts and sexually abused youth.

Our declaration ends here, but not our desire to do something for the millions of adolescents we represent. You've given us your support these last three days, you've given us your time and lent a patient ear. Continue to do so, please. Parents, we love you. Please understand us ... all of us.

South Asia Conference

(Continued from page 2)

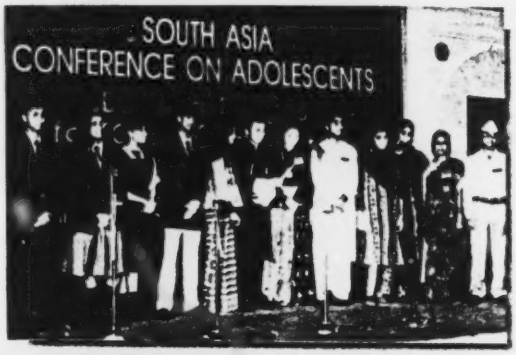
Also speaking at the inaugural session were Ms. Brenda Gael McSweeney, UN Resident Coordinator; Mr. Saad Raheem Sheikh, Director of UNFPA,CST, Kathmandu; and Mr. Wasim Zaman, UNFPA Representative, India.

Three theme papers were presented, as follows:

"Responsible Sexual and Reproductive Health Behaviour Among Adolescents"
by Dr. Suman Mehta, Adviser on RH/FP Training, UNFPA, CST, Bangkok,

"Education and Adolescents",
by Mr. Thirtha Bahadur Manandhar, Education Specialist of the Administrative Staff College, Kathmandu, and

"Exploitation of and Violence Against Adolescents,"
by Ms. Kushi Kabir, Coordinator of Nijera kore, Bangladesh.



Adolescent representatives joined delegates from seven South Asian countries and provided vital inputs to the development of an integrated approach to adolescent reproductive health programmes.

Adolescent concerns go beyond the areas of sexuality and reproductive health. Equally important are issues relating to career opportunities, motivation, parental expectations, and lack of employment opportunities for school dropouts.

Country papers were presented at Plenary Session 1, followed by issues pertinent to adolescent reproductive health behaviour at Plenary 2, the relationship between education and adolescent reproductive health at Plenary 3, violence against adolescents at Plenary 4, and perspectives of adolescents at Plenary 5.

At the Final Plenary, Prof. Jay Satia, Executive Director of ICOMP, Malaysia, presented strategies to operationalize innovative programmes to address adolescent concerns. He reviewed similarities and differences in strategies and programmes, the degree of interface between governments and NGOs in providing information and services to adolescents, and factors influencing programme implementation.

The diversity and magnitude of changes taking place in the lives of adolescents in the region were reflected in the issues, problems, constraints, and needs that emerged from the conference papers and deliberations. As conveyed by the adolescent representatives, adolescent concerns extend beyond the areas of sexuality and reproductive health. Equally important are issues relating to career opportunities, motivation, parental expectations, and lack of employment opportunities for school dropouts. Within the family and at work places, adolescents are being exploited and their rights violated.

The conference contributed to a better understanding of adolescent problems and needs in the developing countries and resulted in a comprehensive framework strategizing future programmes.

CST for East and South-East Asia meeting: Promoting adolescent sexual and reproductive health involving various sectors

Statistics speak of an uphill battle in promoting adolescent sexual and reproductive health. Some figures that were presented at the CST Technical Workshop on Adolescent Reproductive Health were the following:

More than 50 per cent of the world's 1.2 billion teenagers are likely to be married or sexually active by the year 2000. Major implications are seen in the large numbers of teenage pregnancies and child births, an imminent rise in health complications, higher infant and maternal mortality, and increased incidence of abortions as well as STD and HIV infections.

Ms. Imelda J.M. Henkin, Director, UNFPA Asia and the Pacific Division, said that much of the obstacle to promoting ARH was due to continuing adherence to the belief that sex education and access to services lead to promiscuity.

Ms. Henkin said that as a result adults and parents are prevented from sharing their knowledge with adolescents. The situation has encouraged adolescents to rely on their ill-informed peers for information about reproduction, sexuality, family planning, and reproductive health. The situation is aggravated by the poor quality of adolescent reproductive health services in many countries.

Ms. Henkin conveyed the message to delegates at the CST Technical Workshop on Adolescent Reproductive Health, which was held in Bangkok on 19-22 October 1998.

Opening the technical meeting were Ms. Imelda Henkin, Director, UNFPA Asia and the Pacific Division, and Mr. Ghazi Farooq, Director of CST for East and South-East Asia.

Attending from UNFPA Headquarters were Ms. Uyen Luong, Chief, East and South-East Asia Division, and Ms. Delia Barcelona, Senior Technical Officer, Technical and Policy Division, who shared UNFPA guidelines and policies with regard to adolescent reproductive health and gender programmes.

Continuing adherence to the belief that sex education and access to services lead to promiscuity poses a major obstacle to promoting ARH, points out Ms. Imelda J. M. Henkin, Director, UNFPA Asia and the Pacific Division.

In her opening remarks, Ms. Henkin noted that rapid social and cultural changes have brought about additional problems that affect adolescents.

Some of these changes are the following:

- diminution of parental authority,
- increased socio-economic mobility,
- relaxation of traditional restraints to early sexual activity and consequently,
- longer exposure to sexual activities and pre-marital sex,
- increasing risks of unwanted pregnancies and unsafe abortions, and
- exploitation of sex workers.

(Please turn the page)

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UNFPA Representatives from Indonesia, the Philippines and Thailand, as well as CST Advisers and other resource persons are shown in animated discussion.

UNFPA Representatives:

Ms. Sheila Macrae, Thailand

Mr. Satish Mehra, Philippines

Mr. Uger Tuncer, Indonesia

CST Advisers:

(Continued from page 5)

In her review of post-ICPD global activities, Ms. Henkin cited recent international fora including the Braga Youth Plan of Action, the Lisbon Declaration on Youth Policies and Programmes, and the 1998 UNFPA Round Table on Adolescent Sexual and Reproductive Health. Recent UNFPA-supported ARH conferences were held for SAARC and ECO countries.

CST Director for East and South-East Asia, Mr. Ghazi Farooq said that East Asia's adolescent population will stabilize at around 210 million from the year 2015 onwards and to slightly less than 110 million in Southeast Asia by the year 2020. CST's play an integral role in organising inter-country and national experience-sharing activities, he added. They also assist countries in designing policy interventions and ARH programmes at inter-regional, regional and national levels.

UNFPA headquarters was also represented by Ms. Uyen Luong, Chief of the East and South-East Asia Division, and Ms. Delia Barcelona, Senior Technical Officer of the Technical and Policy Division, who spoke on the opening day on a global perspective of current and future ARH.

The workshop was guided by the following objectives: to formulate specific policy and programme strategies for adolescent reproductive health in the East and South-East Asia sub-regions; to provide technical inputs to the Hague Forum on ICPD Implementation, to be held on 8-12 February 1999; and to formulate the next UNFPA Regional Programme for Asia and the Pacific (2000-2003) with respect to ARH.

Six workshop sessions were held on the following topics: ARH global and regional perspectives; ARH advocacy, information and education from a gender perspective; ARH counselling and services - best practices and lessons learned from country experiences; partnership with NGOs and private sector support to ARH; UNFPA/European Union ARH intiative in Asia; programme implementation in selected countries; and strategies and programme approaches for ARH in East and South-East Asia.

In attendance were UNFPA CST advisers for East and South-East Asia and UNFPA country representatives from Indonesia, the Philippines, Thailand and Vietnam together with resource persons from UNESCO PROAP, ESCAP, and NGOs involved with ARH.

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ERRATA

SORRY, ON PAGE 6 OF THE ADOLESCENCE EDUCATION NEWSLETTER,
VOL. 1 NO. 2, DECEMBER 1998, THE PHOTO WITH THE NAME MR. UGER TUNCER
SHOULD HAVE BEEN MR. NESIM TUMKAYA,
UNFPA REPRESENTATIVE IN INDONESIA.

WITH APOLOGIES
REGIONAL CLEARING HOUSE ON POPULATION EDUCATION

National NEWS

COUNTRY REPORTS

With the declaration of the SAARC Decade of the Girl Child in 1990, governments and NGOs have embarked on a wide range of projects to reach adolescents, particularly females. The adoption of the Programme of Action of the International Conference on Population Development in 1994 signalled the further strengthening of adolescent-centred interventions. The activities described in the following section were reported at the South Asia Conference on Adolescents, held in New Delhi on 21-23 July 1998.

BANGLADESH

Recognizing adolescents as a great resource

The Health and Population Sector Programme under the five-year Health and Population Sector Strategy (HPSS) of Bangladesh has placed adolescent health high on its agenda. Among other adolescent concerns, the HPSS addresses the following issues: nutritional deficiency (especially in iron, vitamin and iodine), early and unwanted pregnancy and related maternal mortality, complications due to unsafe abortion, and RTI/STDs related to unprotected sex.

Of the country's total population, about 27 million or 23 per cent are adolescents between the ages of 10 and 19. Growing at about 4.33 per cent annually, the adolescent population is expected to rise to about 30 million by the year 2000.

Right direction

Steps are being taken in the right direction. Married youth and soon-to-be-married adolescents are priority target groups of the HPSS. Training is being provided to field workers so they can provide health services in an adolescent-friendly atmosphere.

Unmet needs for family planning are highest among adolescent women, with only 54 per cent of the total adolescent female population using a form of family planning. The situation is not helped by the almost total absence of husband-wife communication on family planning matters.

Complementing government efforts are collaborating NGOS and agencies, many of which play key roles in helping the Government to formulate a well-planned policy for adolescent health. These agencies include UNICEF, UNPFA and WHO.

Positive development

Another positive development is the on-going multi-sectoral coordination of various sectors, such as education, labour, law and justice, youth and social affairs.

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Alarming statistics

The country's adolescent population (age 10 to 19), growing at about 4.33 per cent annually, currently totals about 27 million or 23 per cent of the total population. The number is expected to rise to about 30 million in the year 2000.

Up to 36 per cent of teenage women have begun childbearing. Some 21 per cent are already mothers; another five per cent are pregnant with their first child.

Fourteen per cent of women between the ages of 15 and 19 give birth each year, accounting for an adolescent fertility rate of 155 births per 1000, one of the world's highest and a maternal mortality rate of 5.8 per 1000 live births.

Improving ARH

Improving adolescent reproductive health hinges on many factors, including the implementation of effective information, education and communication activities and strengthening the school health education programme. It also requires major changes at the societal level, including increasing the age at marriage. Creating viable social and economic options for all adolescents holds a great deal of promise.

BHUTAN

Impressive strides in health and education

Bhutan's large investments in the social sector have paid off, as seen in impressive strides made in health and education, including the equitable distribution of services.

Salient developments

- Adolescent health has become a major focus of Bhutan's UNFPA-supported reproductive health programme.
- Adolescents, together with adult men and women, are a primary target of the country's reproductive health services.
- Adolescent girls, in- and out-of-school, have become the beneficiaries of a school health programme developed by the Division of Education in collaboration with the IECH of the Health Division.
- Under development by . Youth Guidance and Counselling Section of the Education Division is a comprehensive youth guidance programme to prepare adolescents as socially conscious and responsible adults.

Youth population

The emphasis placed on youth development is easy to understand. Bhutan has a relatively young population. More than 58 per cent of the total population are below 25 years of age, while over 15 per cent are younger than 15.

The relative absence of gender discrimination and segregation and the prevalence of a truly supportive environment place Bhutanese youth at a comparative advantage. In the capital, Thimpu, the Bhutan Youth Development Association channels the energy and interest of the youth to sports activities, social services for the destitute and disadvantaged, and other worthwhile endeavours.

Some problems remain however. Among them are the greater health risks faced by women compared with men due to malnourishment. The risks are aggravated by problems related to pregnancy and childbirth. STDs are most common in the age group 15-29 years. The prevalence of STDs raises the potential for the spread of HIV/AIDS.

Much is expected from the Third UNFPA Country Programme in improving the delivery of reproductive health services, reducing maternal and infant mortality, increasing primary school enrolment and continuation rates, particularly for girls, and capacity building for population and health data collection, analysis and utilization.

More than 58 per cent of Bhutan's total population are below 25 years of age, while over 15 per cent are younger than 15.

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INDIA

Nationwide reproductive and child health programme

India's Reproductive and Child Health (RCH) Programme provides special interventions for the country's adolescent population, currently numbering some 150 million and accounting for one-fifth of the country's total population. One of the main objectives is to help stabilize population numbers, including adolescents, at a level consistent with the needs and goals of national development.

One of the main objectives is to help stabilize population numbers, including adolescents, at a level consistent with the needs and goals of national development.

A committee of experts constituted in the Department of Family Welfare has been given responsibility to develop an appropriate package for adolescents, focussing on counselling and the provision of reproductive health services through the existing health care delivery system. Special projects for people living in urban slums and tribal areas have been incorporated in the RCH Programme, with a view to improving the delivery of family health care services.

The success of the RCH Programme pivots on a number of crucial factors. Among these is the development of a strong partnership between the Government and NGOs, particularly in overcoming age-old social values that prejudice against adolescent girls.

Reconceptualized population education

The education of adolescents is, of course, a special concern. India's reconceptualized population education now includes elements of adolescent reproductive health. UNFPA, together with UNICEF, UNESCO, UNDP and the ILO, provide programme support to the Government's on-going efforts.

The range of activities to promote adolescence education include the following:

- Effective integration of the post-ICPD framework of population education and adolescence education into the national curriculum framework for schools, currently being revised by the National Council of Education Research and Training.
- Advocacy to create an environment that accepts and understands adolescent education.
- Telephone and peer counselling.
- Research on adolescent needs and their socio-psychological behaviour.

Adolescents in the rural areas are particularly vulnerable. Their limited knowledge of reproductive health, compounded by the prevalence of early marriage in the rural areas, make their situation a cause for concern. In 1996, 45.6 per cent of rural girls between the ages of 15 and 19 were married, more than double the corresponding number among girls living in urban areas.

A strong partnership between the Government and NGOs, particularly in overcoming age-old social values that prejudice against adolescent girls, is crucial to the success of the RCH Programme.

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MALDIVES

Empowering adolescents and women

The time is right to make Maldivian adolescents a target group for social development programmes. Statistics explain why.

Adolescents between the ages of 15 and19 years account for some 19 per cent of the total population of Maldives. With 47 per cent of the total population under the age of 15, further increases in the adolescent population are expected in the near future.

Maldives' health policies for adolescents emphasize the intensification of IEC services, particularly special campaigns, and the creation of conditions and environments that empower women and adolescents to share the responsibility for healthy living. These are spelt out in the country's Health Master Plan (1996-2005) at the forefront of which are the long-term interests of adolescents and women.

Similarly significant are the integration of population education in existing subjects at the primary and middle school levels and the implementation by the Non-Formal Education Centre of a population education programme, a UNFPA bilateral project supported by UNESCO since 1984. The programme is now in its third phase.

As a rule, the majority of Maldivians are married by the age of 20. In fact, 14 per cent of the adolescent population are already married.

Concerned that the special needs of adolescents were not being adequately addressed in broad programmes that pertain to maternal and child health, family planning, drug rehabilitation, and other areas, the Government, in 1980, authorized the incorporation of population education in the Islam and Dhivehi curriculum for the secondary school level. This first step reaped benefits as it helped to ensure that all adolescents are informed and made aware of sexual and reproductive health needs.

A major challenge remains: making sure that teaching and information-dissemination methodologies are appealing and attractive to the adolescent target group.

NEPAL

Positive trends in ARH

Until quite recently, adolescent reproductive health was not duly addressed in Nepal's health programme. The situation has markedly changed.

In line with the overall approach of the ICPD, the Government has adopted a new strategy that is consistent with Nepal's second long-term health plan (1997-2017). The integrated reproductive health package, emphasizing gender perspective, community participation, equitable access and intersectoral collaboration, will be delivered through the existing primary health care system.

Serious problems have hindered efforts to implement effective adolescent reproductive health programmes.

In the main these problems relate to the following:

- limited access to food and health care among adolescent girls;
- high infant and maternal mortality rate due to early and frequent pregnancies;
- low level of contraceptive use among adolescents and increasing frequency of STD cases among them; and
- low level of literacy, particularly among girls.

Nepal's adolescent reproductive health problems are largely associated with the early marriage of girls, up to 30 per cent of whom are married by the age of 15, and with the growing commercial sex trade.

Some of the appropriate interventions being pursued are the formulation of national policies, provision of counselling and sex education and information, supplying contraceptives, and delivering youth-friendly reproductive health services.

PAKISTAN

Moving ahead: NGOs pilot adolescent reproductive health projects

Adolescents represent 41 per cent of the total population of Pakistan, with adolescent girls accounting for 21 per cent of the female population. Of these 12.1 per cent are in the 10 to14 age group, while 9.4 per cent are between the ages of 15 and 19.

A recent study focussing on the views of adolescent girls on contraception and family planning reveals that the majority of girls between the ages of 15 and 19 have no knowledge of contraceptives. Many of them favour immediate pregnancy right after marriage, with only 4.8 per cent opting to delay pregnancy and 1.5 per cent expressing a desire to gain access to family planning aids to limit the number of births.

The majority of Pakistani girls between the ages of 15 and 19 have no knowledge of contraceptives. Many favour immediate pregnancy right after marriage. Only 4.8 per cent opt to delay pregnancy, while 1.5 per cent have expressed a desire to gain access to family planning aids to limit the number of births.

NGO participation

While a national policy on reproductive health has yet to be implemented, NGOs have moved ahead and are now piloting some activities concerned with adolescent reproductive health. These include the following:

- the **Girl Child Programme**, now in its second phase, is being implemented in 200 locations with the participation of communities. It was first piloted in five urban slum areas and five rural areas, targeting girls aged 13 to 18 and providing them training in leadership qualities, health issues, nutrition, women's rights, and so on.

- the **Youth Project** provides young men aged 15 to 29 with family life and reproductive health education.

- **training in skills development** is being provided to 60,000 women, including adolescents who are being reached through

community meetings and youth clubs, and projects to combat child sexual abuse and male prostitution.

Inadequacies are seen in the National Education Policy (1998-2010), which does not address the need for family life, adolescence and population education. Again, NGOs and community-based organisations have stepped in and, through their non-formal education programmes, have initiated appropriate activities. Foremost among them is the Family Planning Association of Pakistan, particularly its Women's Development Section which opened in 1978. Recognizing public sensitivities, family life, adolescence and population education issues have been introduced through general health programmes and a number of income-generating activities.

Significant changes

Inspite of the obstacles, some positive trends, however marginal, have been observed, brought about mainly by cultural and socio-economic changes. Among these are the rise in the age at marriage from 16.9 to 21 during the period 1950-1990 and a discernible career orientation of the education pursued by some women.

Positive developments have also resulted from the work being done by UNICEF, UNFPA, UNESCO and WHO, particularly in the introduction of population education in the formal system.

UNAIDS is working with commercial sex workers in four major cities, mostly through local NGOs. Some of these workers are in the age group 15 to 24.

UNESCO is dialoguing with the Ministry of Education for the inclusion of HIV AIDS education component in the national school curriculum.

SRI LANKA

A holistic approach to reproductive health

Sri Lankan adolescents have spoken. Many focus group discussions report that adolescents find it desirable to have family planning knowledge prior to marriage. With the average age at marriage increasing to 25.5 years, Sri Lankan adolescents are more vulnerable to become sexually active before marriage.

Holistic response

An appropriate response comes from a new programme supported by UNFPA/Dutch multi-bilateral assistance. In a significant departure from the medical orientation of previous population education curricula, the new programme has adopted a holistic approach to reproductive health education. It is also piloting counselling by peers and teachers and educating parents concerning adolescent health. The programme is jointly coordinated by the Social Sciences Department of the National Institute of Education and the Department of Science and Health.

Markedly absent is an organised service delivery programme to ensure the availability and provision of contraception to adolescents.

Although recent declines in Sri Lanka's population growth rate has reduced the adolescent population, the need to provide adolescents with appropriate reproductive health information, education and services remains. Several studies on adolescents and youth reveal that their information on sexuality, reproductive physiology and health are inadequate and inaccurate. Markedly absent is an organised service delivery programme to ensure the availability and provision of contraception to adolescents.

Community involvement

As a post-ICPD initiative, the Government invited NGOs, community-based organisations, and the private sector to assist in the development of a national policy concerning reproductive and adolescent health.

A task force established in 1996 facilitated public acceptance of policy statements and implementation of programmes at the community level. Preventive strategies were initiated by the Government through the counselling centre network of the National Youth Services Council and the vocational training centres of the Vocational Training Authority.

Sri Lankan adolescents have demonstrated a positive attitude towards reproductive health education and are receptive to family planning concerns. This sets the stage for further successes in adolescent reproductive health programmes in the country.

PHILIPPINES

■ Instructional sex education modules for college students

Instructional sex education modules for college students in the Philippines have been developed using existing syllabi in sex education courses as basis. The development of the modules covered five phases: pre-planning and conceptualization, development of the instructional modules, writing the first draft, testing the modules among college students, and revising and finalizing the modules.

The modules' test findings indicate that the best learned ideas in the individual units are as follows:

Unit I – Sex education in today's changing world. *(Human sexuality is a dimension of the whole person).*

Unit 2 – Biological, psychological, socio-cultural and ethical aspects of sexuality. *(Sex drive is a normal occurrence in every person's life).*

Unit 3 – Love, courtship, and marriage. *(The choice of a marriage partner is one of the most significant decisions that a person makes).*

Unit 4 - Common concerns, problems and issues on sexuality. *(The community has a vital role in sex education).*

■ Targetting vulnerable youth groups

The Philippines, the world's 14th most populous country, has a population of over 75 million, of which some 7.3 million are between the ages of 15 and 19. In an effort to reach them and convey reproductive health messages, ReachOut Foundation, an NGO known for its work in HIV/AIDS prevention, launched two nationwide multi-media campaigns.

Stop child prostitution. Save the children from AIDS.

These were the messages of the first campaign against child prostitution. It was funded by USAID/PATH. The second campaign, funded by the UNFPA through a multi-bilateral agreement with the Spanish Embassy, addressed general reproductive health issues directed at adolescent boys and girls.

The message to young men:
If you don't change your behaviour, you are vulnerable to unplanned pregnancies and STDs/ AIDS.

The message to young women:
Take control: it's your choice. It's your life.

The message to both:
Know more about reproductive health.

The campaigns' high ratings attest to the following:

- the effectiveness of the mass media in teaching adolescents, and the higher potential for success when media campaigns are supported by other services, police authorities, relevant NGOs, local government units, and health centres
- the usefulness of private sector contributions, and
- the benefit of pre-testing advertisements so that objectives are met and adverse reactions are prevented.

■ Population education – for a better quality of life

The College of Education of the University of the Philippines is offering a Master's Program in Population Education targetted at teacher educators and educational leaders who are engaged in demography, family planning, human sexuality, and related issues. Training is also provided for personnel of agencies involved in population education.

The Master's program includes a practicum in community organisation, and/or field visits, study tours to agencies and/or other countries with well-established national population education programmes.

On request, short-term training programmes are conducted for local, regional and international organisations.

Contact the Chairman, Dept. of Health Education, College of Education, University of the Philippines, Quezon City, Philippines.

SCHOOLING THEM ON SEX

From India Today International, September 21, 1998

They might be doing it, but do they know what they are doing? As cable TV, music videos and the NET casually toss Erotica right into our homes, Indian schools are finally waking up to a necessity - sex education. "If I kiss my girlfriend, will she get pregnant?" asks 12-year old Suresh Reddy, a Class VIII student in a Hyderabad school. Najma Kazi, 14 and a Class X student is a shade more tentative. "What is the right age to have sex?" she inquires.

Kazi is lucky she has someone to turn to. But in schools across the country, opposition is coming from many quarters - from squeamish teachers who think sex education is the biology instructor's business and parents who fear that sex knowledge will lead their children astray.

Binaifer Bharucha, a counsellor with several Mumbai schools, recalls the first time she demonstrated condom use in a class in 1992. "We received an amazingly positive feedback from students but the principal and teachers were aghast."

They're obviously out of sync with the younger generation, for as Kalindi Majumdar, former vice-principal at the Nirmala Niketan College of Social Work, points out, "We are not putting ideas into the minds of children. The ideas are already there."

Amused by their hesitant parents, many youngsters have formulated their own three-point programme: ask friends, read books, surf the Net. Fortunately, the AIDS scare of the '90s has shaken some schools out of their stupor. Mumbai was the pioneer but other cities are joining in. Four years ago, the Brihanmumbai Municipal Corporation (BMC) began a programme with 51 schools. Today over 200 private and aided schools have been roped in, and sex education classes are likely to be made mandatory for all BMC-controlled schools.

There are a lot of questions that children need to ask. Says H. N. Pal, principal, Sir J.J. Girls' School in Mumbai: "The students of the 90s are very mature, with a healthy attitude towards sexuality. They can discuss pre-marital sex, unwanted pregnancies and abortion quite openly in class."

All they need then is a responsible adult who thinks it's okay they ask.

NANDITA CHOWDHURY

ISSUES AND CONCERNS

THE BIG TASK:
Ensuring that reproductive health messages fall on receptive adolescent ears

In South Asia, except for Sri Lanka, adolescents represent an increasingly large proportion of the population and will continue to do so within the next 15 to 20 years. This underscores the need to provide adolescents with quality education that will train them in necesary life skills, and to retain them in the education system at least until the end of the secondary level.

Getting more and more South Asian countries to recognize this need is the easier task. The real challenge is reaching 15 to19 year olds and conveying reproductive health messages that they hopefully will heed.

There is no better time for action than NOW, according to a theme paper, *"Education and Adolescents,"* presented at the South Asia Conference on Adolescents by **Mr. Tirtha Bahadur Manandhar** of the Nepal Administrative Staff College. Noting a number of innovative strategies that have come into play in the South Asian region, the paper reports on different country activities:

- pilot-testing in Bangladesh of an adolescence education project that involves parents,
- recent introduction of reproductive health education in Sri Lankan schools, and
- imminent introduction of adolescence education in the formal school curriculum in India.

The paper further reports that plans are underway in the Maldives to address the reproductive health education needs of adolescents in school and out-of-school. In Bhutan, reproductive health issues wil be covered in the curriculum for Grades 11 and 12 in the general stream, as well as in the curricula for colleges and specialized institutes. Adolescent-related topics are incorporated in the curriculum for secondary level students in Nepal. Failure to get the message across could aggravate the undesirable effects of early marriage, early and unwanted pregnancy, and unsafe abortion, the paper warns. It offers a number of educational interventions to promote adolescent reproductive health and to respond to existing gaps.

1. **Achieving universal primary education**
   The Delhi Declaration (1993), which provided a major intervention to promote quality education within and outside the formal systems in the SAARC countries, stands to yield long-term benefits to adolescent reproductive health in South Asia. As has been proven, education is associated with lower infant/child and maternal mortality, lower fertility, delayed marriage, and improved access to contraceptive knowledge and services. Two critical indicators to determine children s access to basic education are the net (age specific) primary enrolment ratio and the primary education completion rate.

2. **Quality of education and learning achievement**
   To ensure the quality of education and retention of students, greater attention should be given to the following essential inputs: skilled and well-trained teachers, effective and useful learning materials, adequate infrastructure and teaching tools and equipment, and related matters.

3. **Equal access to primary and secondary education**
   The disparity of access to schooling by gender, geographic remoteness, cultural diversity and other factors, should be reduced.

4. **Adequate funds for education**
   Ideally, there should be adequate funds for both primary and secondary education. The insufficiency of facilities for secondary education should be addressed.

5. **A dual approach to expand primary education and improve the retention capacity of schools on the one hand, and to target functional literacy and adult education, on the other.**

6. **Involvement of NGOs, the family and the community in adolescence education, to complement and support educational endeavours by government machinery.**

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There is no better time for action than NOW, according to Mr. Tirtha Bahadur Manandhar of the Nepal Administrative Staff College, to reach out to adolescents and convey ARH messages.

7. **Multi-strategy interventions to promote a better understanding of and response to the special needs of adolescents. Educational interventions to promote ARH include:**

- review/develop curricula and educational materials to ensure adequate coverage of important population-related issues and to correct myths and misconceptions
- counselling services by professionals and/or teachers. Peer counselling can also be effective
- training teachers in dealing with adolescence-related issues in the classroom
- develop appropriate audio-visual programmes
- holding frank and honest question and answer fora, such as the question box method and telephone hotline

8. **Educating parents on reproductive health issues.** This encourages effective population education to begin at home

9. **Making appropriate use of co-curricular and extra-curricular activities.** Participation in field projects, dramas, role playing, exercises, games and sports, and social service programmes has a positive impact on adolescents

Areas where future action is a must ...

- Ensure basic education for every child, girl or boy. Quality primary education provides a solid foundation for improving the human resources of any country
- Provide flexible non-formal programmes for children who have no access to conventional schools and for whom the methods and timings of conventional schools may not be suited or available, as in the case of working and street children
- Promote the retention of students till the end of secondary school
- Support adult education and literacy programmes for youth and adults. In general, unschooled adolescents, young adults and young parents, especially adolescent mothers, are likely to be the most motivated clientele for literacy programmes
- Improve the quality and relevance of education, periodically updating population education messages to respond to emerging concerns. The curricula and content of primary and secondary schooling should provide the knowledge and skills necessary so that learners can cope with the demands of daily life and can give due care to their reproductive health
- Promote effective teaching programmes in population education, family life education, and adolescence education
- Ensure that girls complete their schooling through the formal or non-fommal system, or that they join literacy programmes. While the education of both boys and girls is important, it has been shown that girls' education has a stronger effect on reproductive practices
- Provide alternative approaches to reach excluded or less-served population groups and serve their learning needs. These groups include working and street children, remote or nomadic populations, disabled children, and ethnic minorities
- Involve all sectors of society in promoting adolescence education, including the family, community, voluntary organisations, and NGOs, to help break down the barriers built by tradition, cultural practices and sometimes, religion
- Maintain a comprehensive education database for adolescents. Net enrolment ratios for South Asian countries are generally not available at present, and data disaggregated by sex and rural/urban areas are not well maintained

Ensuring basic education for every child is a must

The goal: To bridge the gap between knowledge and behaviour concerning reproductive health

The incorporation of a socio-cultural approach to adolescent reproductive health programmes contributes to their appropriateness and effectiveness in meeting the needs of adolescents within their cultural specificity and context.

A background paper on *"Adolescent Fertility: Socio-cultural Issues and Programme Implications"* stresses the importance of knowing the cultural meanings and reasons behind adolescent pregnancies, their positive and negative connotations, as well as the factors that hinder use of contraception. It emphasizes the need to thoroughly understand the power relations between the genders and the cultural connotations of sexuality.

The paper was presented by **Ms. Marcela Villarreal** at the South Asia Conference on Adolescents, held on 21-23 July 1998 in New Delhi, India. Ms. Villarreal is a Senior Population Officer/TSS Specialist for the Population Programme Service of the Women and Population Divison, FAO.

Most IEC interventions target knowledge, assuming that an increased amount of knowledge will lead to positive changes in reproductive behaviour. However, recent statistics on adolescent pregnancies and abortions dispute such wisdom, providing proof that successful adolescent reproductive heath (ARH) programmes hinge on a pivotal factor: identifying the determinants of reproductive behaviour.

The design of a culture-specific strategy and identification of different audiences should be complemented by a determination of meanings from within specific cultures in order to develop messages that can be effectively grasped by the audience. These messages should be conveyed through culturally-sensitive means. It is observed that adolescents are not generally receptive to communications systems that are perceived to be authoritarian.

Determinants of adolescent reproductive behaviour

Age at marriage
In different cultural contexts, early marriage in fact is favoured to prevent the undesired effects of pre-marital sexual activity and pregnancy. In recent times, age at marriage is being affected by globalization, urbanization and education. While these influences are weakening traditional social controls on women's premarital sexuality, the absence of alternative control mechanisms has seen increases in the number of unplanned pregnancies (that are unwanted and socially not accepted), as well as in illegitimate births and abortion cases, mostly unsafe.

Impact of education
Education has been proven to have the undisputed effect of delaying the age at marriage and first union. Very importantly, it builds the girls' self esteem and self-value and should therefore be made widely available for all teenage girls.

The ethnic factor
Ethnicity is of prime importance in defining age at marriage, acceptability of sexual behaviour, initiation of sexuality, use of contraception, and the resolution of pregnancies when these occur.

Unequal expectations
Expectations of sexual experience vary along gender lines. Often, adolescent boys are likely to be motivated by peer pressure to have sex, while girls are overcome by their fear of losing their boyfriends.

Value of virginity and gender
In many societies, a high value is placed on women's virginity juxtaposed with the common regard that masculinity revolves around sexual activity, creating an unequal situation whereby girls either counter their male peers' pressure or lose their virginity.

Economic and social consequences
Early pregnancy and childbirth can be a major setback to the economic prospects of adolescents, particularly in rural areas where both educational and work opportunities are poor. In Asia, one-fifth of current pregnancies among women less than age 20 are unintended. The unmet need for contraception in this age group remains high. The reasons are grounded in cultural norms, attitudes, myths and power relations, as well as psychological characteristics associated with adolescents. It is now recognized that a full understanding of these reasons provides a sound basis for ARH programmes and IEC interventions.

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Measures to improve ARH programmes

The paper proposes a number of steps if improvements to ARH programmes are to be achieved through a socio-cultural perspective.

Identify the problem and understand its nature within its cultural context.
Adolescent pregnancy, for example, is not in itself a problem, for as long as it is socially accepted, appropriate health services are available, does not interfere with educational possibilities, and so on.

Assess the socio-cultural context to obtain a clear understanding of the cultural aspects that affect adolescent sexuality and pregnancy. Look into the following factors:

- age at marriage: legal, ideal, practised
- conditions of initiation of sexuality for each gender
- acceptability of teenage pregnancy
- meaning of pregnancy among young women: source of identity, status, affirmation of entry into adulthood or obstacle to self-realization
- pregnancy as proof of fecundity as a prerequisite to marriage
- existence of unequal gender relations that favour early pregnancy
- differences regarding socially expected and accepted sexual behaviour among men and women
- extent to which men are seen as co-responsible for reproductive outcomes
- myths and taboos regarding fertility, use of contraception and health care services
- legal or social bans on access to health services for unmarried young women
- consequences of adolescent pregnancy: health, social, economic, and educational
- variations of these factors along ethnic lines.

Handling cultural biases and ensuring accuracy of information.
When gathering data to set up a programme, possible cultural biases should be taken into account in the design of the instruments. To avoid this type of bias, use a combination of qualitative and quantitative methodologies complemented by participatory research techniques.

Identify the specific needs of adolescents and view their problems from their own perspective.
As key issues, study the reasons for initiation and practice of sexual activity by gender and non-use of contraception and available health services, the extent of their knowledge of pregnancy risks and consequences and their access to information on sexuality and contraception.

Incorporate a true gender approach.
Power relations between the genders are at the core of the problem, implying the need for one gender to know about the other's expectations and motivations regarding sexuality as well as the different consequences of pregnancy.

Reach out to young men.
An assessment of the socio-cultural context povides a good basis to determine the best means to reach young men.

Involve adolescents in all stages of the programme.
Adolescent involvement in the planning, implementation and evaluation of a programme helps ensure its positive and lasting effects.

Effectively communicate with adolescents in all stages of the programme.
The audiences and targets for different messages should be clearly identified. As well, adolescents should participate in generating the messages and expressing them. The assumption that experts know what is best for the adolescents has long been disproved. There are roles for adolescents in the planning, implementation and evaluation of ARH programmes.

Develop skills to avoid risks.
Programmes should emphasize self-esteem and elements that show how to handle social and peer pressure, control a situation to negotiate with the partner, and communicate more effectively.

Generate capacity to make informed decisions.
Adolescents should have the skills and necessary information that will enable them to observe responsible behaviour.

Develop services that are accessible to adolescents.
Services that ensure privacy and confidentiality have a higher success rate with adolescents.

Sensitize health personnel.
Health personnel should be sensitized about the specificity of adolescents' health needs, and should be taught appropriate techniques to deal with them according to the cultural context. Emphasis should be placed on interpersonal communication skills.

Develop a multi-disciplinary approach.
A holistic approach, integrating educational programmes, sports, entertainment and employment, provides a higher potential for success.

Create an appropriate environment for the programme.
By involving the support of parents, teachers, religious leaders, and local authorities, a programme enjoys a better chance of reaching its target audience.

Best practices and lessons learned - The Philippine experience

Strictly for men (young and adult) only

Male involvement in the reproductive health and family programme is a main concern of the UNFPA Fourth Country Programme of Assistance to the Philippines.

Male reproductive health is one of the ten elements of reproductive health that the Philippine Government is promoting as a response to its commitment to the ICPD Programme of Action and the Platform of Action of the Beijing Women's Conference.

The importance of male involvement arises from the need to "translate the sexual and reproductive rights of women into a socially integrated reality" by helping men to understand gender issues and to become more sensitive to them. In a departure from the traditional approach which concentrated on married men, the target males now include the unmarried, including adolescents.

There is a role for male (and youth male) in reproductive health, writes Mr. Satish Mehra, UNFPA Representative, Philippines, in his paper *"Philippine Experiences in Male (and Youth Male) Participation in Reproductive Health"*, presented at the CST Technical Workshop on Adolescent Reproductive Health, held in Bangkok on 19-22 October 1998.

Reaching out to a broader male target: How is PSPI doing it

A pilot project, "Demonstration Project on Men's Reproductive Health in a Peri-Urban Setting" is revolutionizing the sharing of responsibilities between men and women on matters of family life, sexuality, and reproduction. The project was launched by the Population Services Pilipinas Inc (PSPI) with support from the UNFPA Fourth Country Programme of Assistance.

Simply put, the project's goal is to reach all men – married and unmarried, young and adult – and provide them with a broad range of family planning and medical services, including the distribution of contraceptives, counselling services, STD management, vasectomy and general medicine.

PSPI's Klinika Medico, a male reproductive health centre established under the pilot project, has become a by-word among the all-male Tricycle Drivers and Operators Association (TODA). Of the 5,000 members, some 3,300 have been accessing clinic services. NGO field educators conduct educational sessions on human sexuality, condom use, STDs, HIV/AIDS, and other reproductive issues, such as violence against women, fertility management and responsible sexuality. The clinic is based in Taytay, Rizal Province, an area populated by factory workers and tricycle drivers.

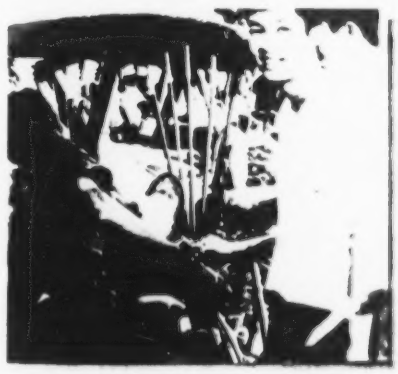
The coverage of future PSPI activities is set to broaden and their pace is geared to accelerate, using funds provided by the American media magnate, Mr. Ted Turner. Counted among the plans to intensify the information and education campaigns are community events, including sports fests. Already a crowd-drawer, PSPI Klinika Medico participates in town festivals and parades, organises street plays, and sponsors fun runs. Without doubt, public response has been good.

The male motivators of Aklan

Like their female counterparts, male motivators emphasize preventive rather than causative health care, explaining, for example, the importance of family planning.

Feeling the need for health education, particularly in remote rural populations, some concerned men from different backgrounds and walks of life in Aklan Province have organised themselves into a group of motivators. They are now very important assets to a UNFPA-assisted reproductive health and family planning project. Moreover, they also serve as an inspiration to male adolescents in the area.

Having undergone appropriate training in reproductive health and family planning, the male motivators were instrumental in the organisation and training of male peer counsellors, many of whom are in-school and out-of-school youth. The training included peer counselling and seminars on reproductive health sexuality, responsible parenthood, life planning and STD/AIDS. Creative promotional activities have been conducted on a regular basis. These include poster-making, slogan contests to convey the reproductive health messages, symposia on youth concerns, and other related activities.



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Male reproductive health is also our concern, says Likhaan, a women's NGO

When Likhaan, which stands for Linangan ng Kababaihan, Inc., expanded its services, the target was not the poor and marginalized women in economically depressed urban areas in Manila.

A three-module manual initially produced by Likhaan on *Core Messages for Adolescent Health* focussed on adolescent women.

Module I – Adolescence

(definition and characteristics, such as somatic growth, sexual maturation, psychological development, major social influences and common problems and issues)

Module II – Adolescent women and their health: facts and figures

(adolescents in general, comparative data among young women and men, KAP survey and fertility data)

Module III- Sexuality and the adolescent woman: implications on health

(sexuality definition, sexuality in different cultural settings, dominant influences, findings of researches on sexuality, sexuality experiences of adolescents, sexuality myths, sexuality problems and issues)

Recognizing that male adolescents have needs that are unique to them, Likhaan entered male territory. A discussion group between young men and women was formed to clarify their self-perceptions and their definition of adolescence. Appropriate community IEC campaigns were conducted.

The exercises yielded interesting findings. Firstly, the youth wish to be involved in the planning of activities of which they are the primary target. Secondly, males between the ages of 12 and 15 do not have a grasp of sharply defined gender roles and are more receptive to gender resocialization. However, gender differentiation becomes more pronounced among 16-24 year old males.

Lessons learned

Although limited, the Philippines' experience in reaching the needs of male youths offers significant lessons. These include:

- Adopting a holistic approach to sexuality and reproductive health in relation to male adolescents.
- Defining age-specific problems by first undertaking an age differentiation exercise among male adolescents.
- Developing proper attitudes towards sexuality and reproductive health among adolescents by verifying information obtained from such sources as the media and their peers and checking them for correctness against information provided by parents, schools, health service providers, and trained peer counsellors.
- Popularizing gender role critiquing as a means to ensure gender sensitivity and awareness and the sharing of responsibilities between the sexes. Involve young people in guided, joint activities that will expose them to gender-specific activities and ways of thinking, while developing their individuality and self-respect.
- Involving adult males as facilitators and active partners in the adolescent programme.
- Involving male adolescents in the formulation and design of their own programmes, as they are the best sources of information about their needs and how these can be appropriately addressed.
- Providing venues and creating promotional activities to channel youthful energies to productive pursuits, while increasing community awareness and gaining its support.

Programme Guidelines

Effective and ineffective school-based sex and HIV/AIDS education programmes

Where lies the difference ...

Current trends in reproductive and sexual health education in East and South-East Asia were reported in a paper, "Adolescent Reproductive Sexual Health Education in the School Curricula: Gaps and Opportunities for East and South-East Asia," presented by ***Ms. Carmelita L. Villanueva,*** *Chief, UNESCO Regional Clearing House on Population Education, at the CST Technical Workshop on Adolescent Reproductive Health. The workshop was held in Bangkok on 19-22 October 1998. She shares her observations in this article.*

Inspite of considerable opposition, school-based reproductive and sexual health education is gradually gaining ground. Its coverage has expanded to include adolescent and sexual health in addition to less controversial topics, such as demography, inter-relationships between population growth and quality of life, family life education, family planning and the biological aspects of human sexuality.

The constraints to school-based reproductive and sexual health education run the gamut from strong religious and political biases to the teachers' lack of skills and appropriate character traits to teach the subject effectively. Nevertheless, positive changes indicate that steps in the right direction have been taken.

Positive trends and evident changes

1. **Systematic and deliberate incorporation of adolescent reproductive and sexual health issues in the school curriculum in countries that have UNFPA-funded population programmes**, including Cambodia, Lao PDR, the Philippines and Viet Nam. New topics dealing with adolescents, reproductive health, sexuality education, gender equity and STD/HIV/AIDS have been incorporated.

   In China, Thailand and Malaysia, however, the curriculum content is still focused on demographic issues, population and development, family education, and related topics, due perhaps to the absence of UNFPA interventions.

2. **Inclusion of reproductive and sexual health issues in different subjects, thus paving the way for their incorporation in the curriculum.**

   In countries where there are no UNFPA-funded education programmes, health education subjects and HIV/AIDS education provide the best chance for students to learn about reproductive and sexual health matters (as in Thailand, South Korea and Malaysia). Other means are provided by NGO interventions in the form of teacher training and development of teaching materials, as in Malaysia and Indonesia.

3. **Continuing improvements in the delivery, content, methodologies and activities of population education.**

- **Inclusion of topics concerned with reproductive and sexual health:** human sexuality and sexual development, human reproduction and anatomy, conception and pregnancy, changes during puberty,

family formation, relationships and communication, family wellness and values, gender equity, marriage and early marriage, reproductive health, rights and choice, STD/HIV/AIDS, family planning and contraceptive methods, maternal and child health, responsible parenthood, goal-setting, life and career planning.

- **Greater attention given to behavioural and skills development** by including lessons on self-awareness and self-esteem; handling peer and sexual pressure and being assertive; goal setting and decision-making; values clarification; problem solving; communication skills; and career and life planning.

4. Growing NGO involvement in providing reproductive and sexual health education and training.

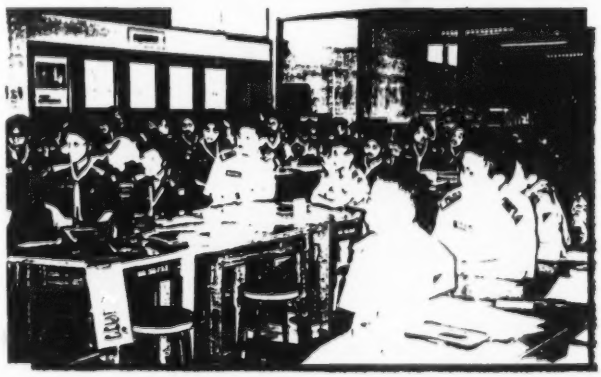
The Planned Parenthood Association of Thailand has assisted the Ministry of Education in training around 9,360 secondary school teachers on family life and sex education.

The Planned Parenthood Federation of South Korea has organised training for teachers and student leaders. Training activities have been undertaken by the Federation of Family Planning Associations of Malaysia. In addition, it has organised talks on family life and related topics. Similar collaborative activities are being carried out in the Philippines and Indonesia.

Factors that ensure success

Through an extensive literature review, the paper reveals that effective programmes are those that

- use social learning theory and cognitive behavioural theory as their basis
- provide clear statements about behavioural aims and clearly delineate the risks of unprotected sex and the methods to avoid them
- allow practical exercises in open communications and negotiation skills
- equip young people with skills that will enable them to clarify values and decode messages and their underlying assumptions and ideologies
- deploy a range of interactive activities, such as role playing and brainstorming, enabling the participants to personalize the risks and to be actively involved in developing strategies
- provide effective training for those leading the interventions
- are offered at the onset of sexual activity when patterns of behaviour are easier to change
- are narrowly focussed on specific topics, particularly reducing risk-taking behaviour, rather than a comprehensive approach
- are conducted in a supportive environment outside the classroom, involving for example liaising with health centres and incorporating sexual health messages in community activities



Existing gaps continue to hinder school-based programmes. These include the following:

Incomplete coverage and superficial treatment of reproductive and sexual health issues in textbooks

Inadequate attention given to the core area of reproductive health. The conceptual and macro-oriented definition of reproductive health and its scope need to be translated into practical teaching and learning activities. At the same time, the immediate, day-to-day concerns of teenagers need to be addressed at a more personal level.

Absence of safe sex as an item in the curriculum and undue emphasis given to the biological aspect, such as human reproduction, instead of social concerns affecting sexuality.

Strong religious, moralistic and ideological bias feature in lessons concerning reproductive and sexual health. Such biases tend to create shame, fear and guilt, while also leading to confusion and inconsistencies on the part of both teachers and students.

Inconsistent treatment of gender and sex roles in the curricula.

Inconsistent use of the participatory and life skills approaches in place of the chalk- and-talk methodology.

Insufficient knowledge and skills on the part of teachers to teach reproductive and sexual health education.

Minimal use of research-based information in developing lessons and activities due to the inadequacy of socio-cultural research in this field.

Recommended strategies

The paper recommends use of the factors mentioned in the preceding page, in combination with experiences unique to individual countries, as basis for the adoption of strategies to develop new school-based reproductive and sexual health programmes and/or to revise existing programmes.

As an appropriate starting point, gauge the current level and scope of knowledge among young people and their involvement in activities related to the dissemination of reproductive and sexual health information and access to services. Socio-cultural research pertaining to curriculum and textbook development is an ideal reference in determining educational objectives, content, methodologies, and the range of activities to be conducted.

Deploy theoretical grounding, including social learning theories that require the following elements to ensure behavioural change.
- an understanding of what must be done (knowledge)
- a belief in the expected benefits (motivation)
- a belief in the effectiveness of specific skills or methods of protection (outcome expectancy), and
- a belief in the effectiveness of the skills learned and the methods of protection used.

Achieve a balance between cognitive and affective behavioural components, that is, the emphasis of the curriculum should be on developing knowledge as well as on promoting critical thinking and analysis.

Adopt two approaches to teaching life skills techniques. First, teach generic skills, such as forward planning and forming positive relationships. Second, teach skills to avoid high-risk behaviour.

Provide instruction on social influences, including activities that create social pressures and barriers, and involve students in generating, obtaining or sharing information by visiting family planning clinics, and so on.

Reinforce individual values and group norms against unprotected sex.

Complement the development of knowledge with increased access to services.

Target boys and girls, providing information on the male and female anatomy and insights into sensitive issues including masturbation, pornography, homosexuality, contraception, shared reproductive responsibilities, and so on.

Avoid moralizing and incorporating religious overtones as these could create unnecessary fear and unfounded guilt.

Involve the youth in the development of the curriculum and teaching/learning materials.

Ensure that the teachers are well trained, qualified and well-versed in sexuality matters and issues relevant to adolescence.

The Centre for Development and Population Activities (CEDPA)
http://www.cedpa.org
Address:1400 16th Street NW, Washington D.C. 20036, USA.
E-mail: cmailgcedpa.org

This website is basically aimed at empowering women at all levels of society to be full partners in development. Under the section on Youth Development and Reproductive Health, it addresses the needs of adolescent women, emphasising family life education, reproductive health, girls' education, and vocational skills training. It includes such programmes as "Better Life Options for Girls and Young Women," which is a global initiative to empower girls and young women to set goals, build skills and improve self-esteem; "Partnership Projects for Girls and Young Women and the Youth Leadership Project," which focusses on community projects conducted by Egyptian NGOs to help girls strengthen their vocational and literacy skills and increase their understanding of family issues, and the "Adolescent and Gender Project" in Sub-Saharan Africa, which is an initiative to protect and promote the rights of adolescents to reproductive health information and services, with shared responsibility among youth, women and young men.

FOCUS on Young Adults

Focus on Young Adults
Pathfinder International
http://www.pathfind.org/focus.htm
Address: 1201 Connecticut Avenue NW, Suite 501, Washington, D.C., 20036, USA.
Phone/Fax: 202-835-0818, 202-835-0282

The FOCUS on Young Adults Program strives to improve the health and well-being of young adults in developing countries through the creation and strengthening of effective reproductive health initiatives. The web site includes information on new materials, publications, program materials, FAQ, an overview of FOCUS activities around the world, e-mail and address information.
E-mail: focus@pathfind.org

Family Planning Association of New Zealand
http://www.theword.org.nz/com/thewords/
Address: National Office, P.O. Box 111 515, Wellington, New Zealand
Phone/Fax: 04 384 43491, 04 382 8356

The Family Planning Association (FPA) is a non-profit health promotion organisation specializing in sexual and reproductive health. It provides clinical, education, counselling, and professional training services from 31 centres throughout New Zealand. FPA works to promote a positive view of sexuality and to enable people to make informed choices about their sexual and reproductive health. The web site called "The Word" includes online resources for adolescents, teachers and parents, an online bookshop as well as a link to the FPA page.

Coalition for Positive Sexuality
http://www.positive.org/
Address: 3712 North Broadway #191, Chicago, IL, 60613, USA.
Phone/Fax: 312-604-164

CPS is a grassroots direct-action volunteer group formed by high school students, members of ACTUP and other groups. Although it responds to the health crisis among Chicago teenagers, its web resources are useful for safer sex information in general and for other countries as well. The web site is written in language understandable to teenagers and emphasizes a positive attitude about sexuality. It includes information on respect, safe sex, pregnancy, HIV testing, STDs, and a glossary of terms.
E-mail: cps@positive.org

ADOL :

Adolescence Directotry On-Line

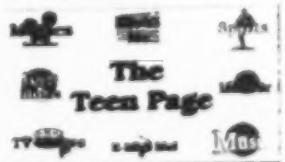
Adolescence Directory OnLine ADOL
Indiana University Center for Adolescent Studies
http://www.education.indiana.edu/cas/adol/adol.html Bloomington, IN, USA

The Center for Adolescent Studies focusses on meeting the social and emotional growth and development needs of adolescents through providing support to adults working with youth, investigating current sex issues and providing tools for teens to learn and practice new, healthy behaviours. The Center is based in the School of Education at Indiana University in Bloomington, Indiana. Adolescence Directory On-Line (ADOL) is an electronic guide to information on adolescent issues. It is a service of the Center for Adolescent Studies at Indiana University. Educators, counsellors, parents, researchers, health practitioners, and teens can use ADOL to find Web resources on conflict and violence, mental health, health.

E-mail: adol@indiana.edu

Use ADOL to find resources for Teens Only

Teens Only!



Departments:
Teen Zines: fiction and non-fiction written by and for teens
Past Times: check out what's on TV, at the movies, or on the radio
Hangouts: places to have fun on the web
Organisations: see how you can make a difference
Real World: find books and info to help you survive school and the real world

BEST COPY AVAILABLE

New and Recent PUBLICATIONS

Advocates for Youth.
Adolescent reproductive and sexual health.
Washington, D.C. :
Advocates for Youth, 1997. 1 v. (unpaged).
Source: Advocates for Youth
1025 Vermont Avenue, N.W.
Suite 200, Washington, D.C.
20005, USA

United Nations Population Fund.
Report of the round table on adolescent sexual and reproductive health: key future actions.
New York: UNFPA, 1998. 52 p.
Source: United Nations
Population Fund, 220 East 42nd
Street, New York, N.Y. 10017
USA

Knibbs, Sarah, and Vann Sophal.
Adolescent reproductive health and the role of the media in Cambodia: situation analysis.
Phnom Penh, Cambodia: United Nations Population Fund, 1997. 22, [17] p.
Source: United Nations
Population Fund, c.o UNDP-PNUD
B.P. 877, Phnom Penh, Cambodia

Philippines. Commission on Population; and United Nations Population Fund.
The Filipino youth. Manila:
Commission on Population, [1997].
16 p.
Source: Ministry of Social Services and Development, Commission on Population, Welfareville Compound, Mandaluyong, Metro Manila, Philippines

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Montri Pekanan.
Adolescent reproductive health and the role of media in Thailand.
Bangkok: Planned Parenthood Association of Thailand, 1997. 46 p.
Source: Planned Parenthood Association of Thailand, 8 Soi Dai Dee, Vipavadee Rangsit Road, Bangkhen, Bangkok 10900, Thailand

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World Health Organisation. Regional Office for South-East Asia.
Adolescence: the critical phase; the challenges and the potential.
New Delhi: WHO, 1997. [32] p.
Source: World Health Organisation Regional Office for South-East Asia, New Delhi 110002
India

Malaysia. Ministry of Health. Public Health Institute. Family Health and Nutrition Division.
Adolescence health care: adolescence health needs; a manual for trainers of health personnel at the primary health care level. Kuala Lumpur:
Ministry of Health, 1997. 168, [45] p.
Source: Ministry of Health
Public Health Institute, Family Health and Nutrition Division, Block E, Jalan Dungun, Damansara Heights 50490, Kuala Lumpur, Malaysia

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Centre for Development and Population Activities; and United Nations Population Fund.
Youth acting on Cairo and Beijing. Washington, D.C.:
CEDPA, 1997. 60 p.
Source: Centre for Development and Population Activities, 1400 16th Street N.W., Washington, D.C. 20036
USA

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